EFFECTIVENESS OF SELF AFFIRMATION TECHNIQUE ON DEPRESSION AMONG CANCER PATIENTS IN ONCOLOGY WARD AT GOVT. RAJAJI HOSPITAL, MADURAI.

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OCTOBER 2018

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CERTIFICATE

This is to certify that this dissertation titled **"EFFECTIVENESS OF SELF AFFIRMATION TECHNIQUE ON DEPRESSION AMONG CANCER PATIENTS IN ONCOLOGY WARD AT GOVT. RAJAJI HOSPITAL, MADURAI"** is a bonafide work done by **Mr. P. VENKATESAN,** M.Sc (N) Student, College of Nursing, Madurai Medical College, Madurai - 20, submitted to **THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI** in partial fulfillment of the university rules and regulations towards the award of the degree of **MASTER OF SCIENCE IN NURSING, Branch V-Mental Health Nursing,** under our guidance and supervision during the academic period from 2016 -2018.

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ABSTRACT

Title: Effectiveness of self affirmation technique on depression among cancer patients in oncology ward at Govt Rajaji Hospital, Madurai. **Objectives:** To assess the level of depression among cancer patients. To evaluate the effectiveness of self affirmation technique on depression among cancer patients. To associate the level of depression among cancer patients with their selected socio demographic variables. **Hypotheses:** The mean post test level of depression will be significantly lower than the mean pre test level of depression among cancer patients. There is a statistically significant association between the depression among cancer patients in oncology ward at Govt. Rajaji Hospital, Madurai with their selected socio demographic variables. **Methodology:** Pre experimental one group pre test and post test research design was used, 30 depression patients were selected by non-probability (consecutive) sampling and assessed through Hamilton depression rating scale. **Results:** The study revealed that mean difference between pre test and post test was 4.33 and 't' value =28.11. This differences large and it is statistically significant. **Conclusion:** It is statistically evidenced that self affirmation technique is benefit in reducing depression among cancer patients.

Key words: Self affirmation technique, Depression, Cancer patients.

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INTRODUCTION

CHAPTER - I

INTRODUCTION

"There are wounds that never show on the body that are deeper and more hurtful then anything that bleeds"

- Laurel K. Hamilton, *Mistral's kiss*

Cancer is one of the second largest killer disease next to heart disease. There were 14.1 million new cancer cases, 8.2 million cancer deaths and 32.6 million people living with cancer (within 5 years of diagnosis) in 2012 worldwide. 57% (8 million) of new cancer cases, 65% (5.3 million) of the cancer deaths and 48% (15.6 million) of the 5 years prevalent cancer cases occurred in the less developed region.

Cancer is a life threatening disease that often causes serious psychological concern it brings great success to patients affecting the quality of life among and coping is defined as constantly changing cognitive and behavioural efforts to manage specific internal or external demands that are appraised managing or altering problem with the environment causing distress and regulating the emotional response to the problem because of the tremendous pressure of cancer itself and its treatment, patient may use different coping styles to reduce stress and to keep themselves healthy physically and psychologically.

Cancer is a major health problem its estimated that annually 1.6 million new cases are diagnosed and 1.3 million people die of cancer, gastro intestinal cancer remains the leading cause of cancer related death, cancer represents a stressful life that has wide ranging physical, psychological, social, financial and spiritual effects, in the initial stages of disease a diagnosis of cancer imposes a particular crisis for the person in the initial 6 months, the patient is confronted with not only the illness and its treatment but also concerns about the meaning of life and death.

The cancer of oral cavities, pharynx, larynx, followed by cancer of gastro intestinal cancer were leading sites in males while cancer of cervix was the leading site in females. The total number of cancers of oral cavity, pharynx, digestive organs and lung constitute the major types in males an analysis of total 2,180 malignancies diagnosed from 15,740 biopsy specimens and from 30,200 blood samples and bone marrow aspirates.

SITE	NO OF CASES	MALES	FEMALES
Oral cavity	242	218	24
Oral pharynx	65	65	00
Naso pharynx	87	87	00
Larynx	44	44	00
Digestive organ	218	196	22
Respiratory organ	109	109	00
Bone, soft tissue	130	130	00
Brest	327	00	327
Genital organ	588	44	544
Urinary organ	22	22	00
Leukemia	305	218	87
Others	43	43	00

According to the latest world cancer report from the WHO more women are being newly diagnosed with cancer. Annually 4.77 lakh men and 5.37 lakh women were diagnosed with cancer in India in 2012. In terms of cancer death 3.56 lakh men died in cancer and 3.26 women died in cancer in 2012.

One in every 10 Indians runs the risk of getting cancer before 75 years of age, while seven in every 100 runs the risk of dying from cancer before their 75^{th} birthday. Cancer of lip and oral cavity has emerged as the deadliest among Indian men while

for women, it is breast cancer. The top five cancers in men are lip/oral cavity, lung, stomach, colorectum and pharynx, while among women they are breast, cervix, colorectum, ovary and lip/oral cavity. **(NCRP 2013)**.

Every year in India an estimated total of 700,000- 900,000 new cancers are diagnosed (NCRP 2007) nearly half of all cancers in men occur at sites associated mouth, lip, tongue, pharynx, and esophagus. The number of newly diagnosed tobacco related cancer each year in India has been estimated at approximately 250,000 (NCRP 2010) when cancers at all oral diagnosed (NCRP 2007) nearly half of all with tobacco use (35.6%-50%) these sites include sites are combined oral cavity, tongue, and lip vies for first place. In women oral cancer takes first place among tobacco related cancer in all the registries it is closely followed by esophageal cancer and then the much smaller proportions.

Globally 91 billion dollars was spent on cancer treatment in 2012, 71 billion dollars in 2008, and 31 billion dollars a decade ago which shows the steady increase in the amount spent on cancer globally. The National cancer institute budget on cancer has been relatively flat averaging 4.9. billion dollars over the past 6 years for various research projects in cancer.

India has spent 3.9 percent of gross domestic product on the health sector. The budged allocation 2009 - 2010 including north east region for cancer was 35 crores and addition with prime ministers relief fund with a corpus amount of 100 crores to provide financial assistance for the poor and needy. One time grant of Rs 5 crores is given to new RCC's, and 3 crores for strengthening the existing Rcc's, 3 crores for development of oncology wing in government hospitals, Rs 90 lakhs a grant for district cancer control programs for a period of 5yrs has been allotted by the Indian government.'

The diagnosis of cancer forces a person to rally physiologic and psychological energy to cope with this life threatening event. This places additional demands on establishing living patterns and suddenly changes the individual appraisal of and satisfaction with his or her current level of physical, emotional, and social functioning, when these aspects change quality of life also can be expected to change, currently quality of life issues are salient considerations in managing disease are assessing treatment outcome. In recent decades psychosocial factors have been added to known physical factors involved in the experience of cancer and quality of life. Quality of life is affected not only by the far reaching and lasting effects of cancer but also by the client variables of self esteem, learned resourcefulness and social support

Cancer incidence rate is almost 25% higher in man than women, with rates of 205 and 165 per 100,000, respectively. Male incidence rates vary almost five- fold across the different regions of the world, with rates ranging from 79 per 100,000 in western Africa to 365 per 100,000 in Australia/ new Zealand (with high rates of prostate cancer representing a significant driver of the latter). There is level variation in female incidence rates (almost three folds) with rates ranging from 103 per 100,000 in south – central Asia to 295 per 100,000 in Northern America.

In terms of mortality, there is less regional variability than for incidence, the rates being 15% higher in more developed than in less developed regions in men, and 8% higher in women.

In men the rate are highest in central and Eastern Europe (173 PER 100,000) and lowest in western Africa (69). In contrast, the highest rates in women are in Melanesia (I19) and Eastern Africa (111), and the lowest in Central America (72) and South -central (65) Asia as on 12 December 2013. **(IARC-GLOBOCAN 2012).**

Depression is an illness that involves the body, mood, and thoughts and that affects the way a person eats, sleeps, feels about himself or herself, and thinks about things. Depression is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be wished away. People with depression cannot merely 'pull themselves together' and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people with depression. The signs and symptoms of depression include loss of interest in activities that were once interesting or enjoyable, including sex; loss of appetite, with weight loss, or overeating, with weight gain; loss of emotional expression (flat affect); a persistently sad, anxious, or empty mood; feelings of hopelessness, pessimism, guilt, worthlessness, or helplessness; social withdrawal; unusual fatigue, low energy level, a feeling of being slowed down; sleep disturbance and insomnia, early-morning awakening or oversleeping; trouble concentrating, remembering, or making decisions; unusual restlessness or irritability; persistent physical problems such as headaches, digestive disorders, or chronic pain that do not respond to treatment, and thoughts of death or suicide or suicide attempts. The types of depression are called major depression, dysthymia, and bipolar disease (manic-depressive disease).

Depression (major depressive disorder) is a common and serious medical illness that negatively affects. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person’s ability to function at work and at home.

Depression symptoms can vary from mild to severe and can include. feeling sad or having a depressed mood, Loss of interest or pleasure in activities once enjoyed, Changes in appetite weight loss or gain unrelated to dieting, Trouble

sleeping or sleeping too much, Loss of energy or increased fatigue, Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others), feeling worthless or guilty, Difficulty thinking, concentrating or making decisions, Thoughts of death or suicide

Depression is common among cancer survivors, too sometimes even long after they've completed treatment. The fear of cancer recurrence, the lingering physical effects of past treatments or survivor guilt may make susceptible to depressive thoughts or emotions. To help alleviate those feelings, try spending time with the people love, taking time out of day to have fun, and building regular exercise into routine. Also, look for opportunities to share feelings with someone rather than letting them build up inside. "Sharing hard things with someone else may help lighten the load," **Dr. Puckett says.**

Self-affirmation is a process by which one engages in a positive reflection on a valued self domain, including reflection on personal traits, the self concept and values. Self affirmation theory posits that self affirmation can be used to enhance the integrity of the self and buffer negative feelings in the face of a threat to one's self concept. Consistent with this hypotheses, found that in cancer patients, self-affirmation (but not discovery of meaning) during expressive writing was associated with improvement in physical symptoms over three months and with lower state distress immediately following the writing sessions. Moreover, Sherman, Bunyan, Creswell, and Jaremka (2009) found that college students with an upcoming midterm exam who were assigned to a self-affirmation expressive writing condition had less sympathetic nervous system activation during the exam than those assigned to a control writing condition.

Self-affirmation is repeating positive statements or declarations, by self. It is a self-talk technique for changing the attitude and developing positive habits. It is an effective technique for self improvement, because it imprints the intentions and desires frame subconscious mind. It helps the people frame navigate difficulties and set them on a better path. Their confidence in their ability to overcome future difficulties may grow and thus buttress coping and resilience for the next adversity, in a self reinforcing narrative (Cohen et al. 2009). Self-affirmations bring about a more expansive view of the self and its resources. They can encompass many everyday activities. Spending time with friends, participating in a volunteer group, or attending religious services anchor a sense of adequacy in a higher purpose. Activities that can seem like distractions can also function as self-affirmations. Shopping for status goods (Sivanathan & Pettit 2010) or updating one's Facebook page (Toma & Hancock 2013) afford culturally prescribed ways to enact competence and adequacy. For people who value science, simply donning a white lab coat can be self-affirming (Steele 1988).

Although many inductions of self-affirmation exist, the most studied experimental manipulation has people write about core personal values (McQueen & Klein 2006; cf. Napper et al. 2009). Personal values are the internalized standards used to evaluate the self affirmation (Rokeach 1973). People first review a list of values and then choose one or a few values most important to them. The list typically excludes values relevant to a domain of threat in order to broaden people's focus beyond it. To buffer people against threatening health information, health and rationality might be excluded from the list. Among patients with chronic illness, values related to family might be avoided insofar as they remind patients of the burden they worry they place on relatives (Ogedegbe et al. 2012). People then write a

brief essay about why the selected value or values are important to them and a time when they were important. Thus, a key aspect of the affirmation intervention is that its content is self-generated and tailored to tap into each person's particular valued identity (Sherman 2013). Often people write about their relationships with friends and family, but they also frequently write about religion, humor, and kindness (Reed & Aspinwall 1998).

The psychology of self-affirmation: First, affirmations remind people of psychosocial resources beyond a particular threat and thus broaden their perspective beyond it (Sherman & Hartson 2011). Under normal circumstances, people tend to narrow their attention on an immediate threat (e.g., the possibility of failure), a response that promotes swift self-protection and, in the face of acute dangers, survival (e.g., the fight-or-flight response). But when self-affirmed, people can see the many ordinary stressors of daily life in the context of the big. A specific threat and its implications for the self thus command less vigilance. Non affirmed participants saw a psychologically threatening stimulus - a live but securely caged tarantula - as physically closer to them than it actually was, but self-affirmed participants estimated its distance accurately, as though the affirmation psychologically distanced the threat from the self (Harber et al. 2011).

Second, because a threat is seen in the context of an expansive view of the self, it has less impact on psychological well-being. Among self-affirmed minority students in a field experiment, a low classroom grade exerted less influence on their long-term sense of belonging in school than it did for their non affirmed peers. Likewise, when college students were self-affirmed, their attention was less absorbed by ruminative thoughts about past failure.

Third, affirmations foster an approach orientation to threat rather than avoidance. If a threat is seen as important and addressable, affirmations make it less likely that people will shrink away from the threat or deny its importance to themselves. Self-affirmed participants in one study asserted that the threatening domain was more important to them than did non affirmed participants. People can thus better deal with the threat in a constructive way, rather than spend mental energy on avoidance, suppression, and rationalization. For example, self-affirmed participants were less likely to shun threatening health information that could benefit them. Self-affirmed participants also showed greater attention to their errors on a cognitive task, as indexed by error-related negativity, a neural signal of the brain's error-detection system, this pattern suggests greater engagement among affirmed individuals in learning from their mistakes.

Affirmations lift psychological barriers to change through two routes: the buffering or lessening of psychological threat and the curtailing of defensive adaptations to it.

1.1 Need for the study

The age old fear of cancer still persists indeed relatively the image of cancer has grown more grim "The cold knife and the hot rays" really produce cures nearly a third of all patients with cancer are now being saved as judged by the fact that they are still alive for five years after diagnosis. The fear of cancer has doubtless been aggravated by the very necessary effort to combat it, educational campaigns have aimed at leading the public to recognize symptoms and to seek diagnosis early enough for surgery or 'x' ray treatment to be effective."

One of the most difficult realities nurses face is that, despite their very best efforts, some of their patients die. Although nurses cannot change this fact thay can

have a significant and lasting effect on the way in which patients live until they die. Nursing has a long history of holistic person - and family centred care. Indeed, the definition of nursing offered by the American Nurses Association highlights the nursing's commitment to the diagnosis and treatment of human response to illness."

Cancer is becoming a major health problem in India where about56,000 new cases are estimated each year which leads to more than100,000 persons suffering from cancer every year. In the world 5.9 million new cases are added every year. The world cancer report tells us that cancer rates are set to increase at an alarming rate globally cancer rates could increase by 50% to 1.5 million cases in the year 2020. This will be mainly due to aging population in developed and developing countries. In a developing country like India there has been a steady increase in the crude incidence rate of all cancers affecting males and females over the last 15 years. The total number of new cases which stood at 5.3 lakhs in 1995 had risen to 8.3 lakhs today, the increase in cases is due to the increase in the use of tobacco.

The majority of cancers, some 90–95% of cases, are due to genetic mutations from environmental factors. The remaining 5–10% are due to inherited genetics. environmental, as used by cancer researchers, means any cause that is not inherited genetically, such as lifestyle, economic and behavioral factors and not merely pollution. Common environmental factors that contribute to cancer death include tobacco (25–30%), diet and obesity (30–35%), infections (15–20%), radiation (both ionizing and non-ionizing, up to 10%), stress, lack of physical activity and pollution

In 2015, about 90.5 million people had cancer. About 14.1 million new cases occur a year (not including skin cancer other than melanoma). It caused about 8.8 million deaths (15.7% of deaths). The most common types of cancer in males are lung cancer, prostate cancer, colorectal cancer and stomach cancer. In females, the most

common types are breast cancer, colorectal cancer, lung cancer and cervical cancer. If skin cancer other than melanoma were included in total new cancer cases each year, it would account for around 40% of cases. In children, acute lymphoblastic leukemia and brain tumors are most common, except in Africa where non-Hodgkin lymphoma occurs more often. In 2012, about 165,000 children under 15 years of age were diagnosed with cancer. The risk of cancer increases significantly with age, and many cancers occur more commonly in developed countries. Rates are increasing as more people live to an old age and as lifestyle changes occur in the developing world. The financial costs of cancer were estimated at $1.16 trillion USD per year as of 2010.

Depression is a common illness worldwide, with an estimated 350 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family.

At its worst, depression can lead to suicide. In globally over 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds. Although there are known, effective treatments for depression, fewer than half of those affected in the world (in many countries, fewer than 10%) receive such treatments. Barriers to effective care include a lack of resources, lack of trained health care providers, and social stigma associated with mental disorders. Another barrier to effective care is inaccurate assessment. In countries of all income levels, people who are depressed are often not correctly diagnosed, and others who do not have the disorder are too often misdiagnosed and prescribed antidepressants.

The burden of depression and other mental health conditions is on the rise globally. A World Health Assembly resolution passed in May 2013 has called for a comprehensive, coordinated response to mental disorders at country level. In 2016, an estimated 16.1 million adults aged 18 or older in the United States had at least one major depressive episode in the past year. This number represented 6.7% of all US. adults. The NIMH estimates that,16 million adults had at least one major depressive episode in 2012. That's 6.9 percent of the population. According to the World Health Organization (WHO), 350 million people worldwide suffer from depression. It is a leading cause of disability.

28th Jan 2015, In India 1 in 20 people suffer from depression The weighted prevalence of depression for both current and life time was 2.7% and 5.2%, respectively, indicating that nearly 1 in 40 and 1 in 20 suffer from past and current depression, respectively. Depression was reported to be higher in females, in the age-group of 40-49 years and among those residing in urban metros. Equally high rates were reported among the elderly (3.5%).

According to the World Health Organization, India is one of the most depressed countries in the world with a whopping 36% of Indians likely to suffer from major depression at some point in their lives. We can talk about dengue and swine flu but for some reason, we refuse to talk about depression.

In Tamil nadu (2016) 11.8 % of people are affected with depression. In Madurai May 3, 2016 - Results: The prevalence of Depression among study population was 33.7% (317/1 000) survey in a semi urban area near Madurai. The survey was made by "The Hindu-Tamil daily." The article was written by Ms.Aarthydhar.

In Tamil nadu (2017) 17.2 % of people are affected cancer with depression. In Madurai 2017- Results: The prevalence of cancer with depression among study population was 39.4% (423/1000) survey in Madurai.

Self-affirmation techniques are another form of reducing the negative effects of stereotype threat (Martens et al., 2006. In addition, most other interventions directly refute the stereotype presented; however, self-affirmation is more directed towards one's psychological response to the threat. How one responds to a threat as opposed to simply discounting the threat may prove to be a more significant coping strategy. Self-affirmation theory posits that we are motivated to protect ourselves when threatened and that affirming a non-threatened part of our self can protect our self-concept (Sherman & Cohen, 2006). The key of self-affirmation is to focus on positive aspects of the self concept that are unrelated to the immediate situation. There are different methods by which to affirm the self, for example, writing about important values (Creswell, Dutcher, Klein, Harris, & Levine, 2013; Martens et al., 2006), or receiving positive individual feedback (D erks, Scheepers, Van Laar, & Ellemers, 2011). Self affirmation has been used to combat chronic stress (Creswell et al., 2013) and stereotype threat (Derks et al., 2011; Martens et al., 2006).

The effects of self - affirmation manipulations in a range of areas including receiving threatening health information, academic performance, as well as reported and physiological stress and body image Although, self affirmations have been studied in relation to other areas as well, it is essential to review the most common topics that have been investigated. It should also be mentioned that the outcomes of self affirmations centers around two main effects (a) changes in defensiveness, and (b) performance Even though the use of affirmations may appear to be limitless due to the array of categories examined, in order for affirmations to be effective they must

reduce defensive responding when faced with threatening information and/or improve performance on a challenging task. Conversely, when self affirmations are ineffective the opposite outcome arises.

1.2 Statement of the problem

A study to evaluate the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at Govt. Rajaji Hospital, Madurai

Aim of the study

Assess the effectiveness of self affirmation technique on depression among cancer patients

1.3 Objectives of the study

- To assess the level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai.
- To evaluate the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at Govt. Rajaji Hospital, Madurai.
- To associate the level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai with their selected socio demographic variables.

1.4 Hypotheses

H_1 – The mean post test level of depression will be significantly lower than the mean pre test level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai

H_2 - There is a statistically significant association between the depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai with their selected socio demographic variables.

1.5 Operational definitions

Effectiveness

Effectiveness refers to the successfulness in producing a desired or intended result. In this study effectiveness refers to the extent to which the self affirmation has achieved the desired effect to reduce the level of depression among cancer patients.

Self affirmation

Self affirmations are positive statements that can helps to challenge and overcome self-sabotaging and negative thoughts. When repeat the statements in often and believe it can helps to make positive changes.

Depression

In this study depression refers to patients diagnosed as cancer and characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration as measured by Hamilton depression scale.

Cancer

Cancer is an abnormal growth of cells which tend to proliferate in an uncontrolled way and, in some cases, to metastasize (spread). Cancer is not one disease. It is a group of more than 100 different and distinctive disease.

1.6 Assumption

1. Chronic ill patients may have various emotional problems such as fear, anxiety, irritable, anger.
2. Cancer patients have experience of varying level of depression.

1.7 Delimitation

The study is limited to

- Cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai
- The study period is limited to 4- 6 weeks

1.8 Projected outcome

1. This study helps to identify the level of depression among cancer patients admitted in oncology ward.
2. Self affirmation technique is non invasive, cost effective and it is easily followed by cancer patients.

REVIEW OF LITERATURE

CHAPTER - II

REWIEW OF LITRATURE

This chapter explains in detail about the review of literature and conceptual frame work used for the study. A literature review is an evaluative report of information found in the literature related to selected area of study. The review should describe, summarise, evaluate and clarify this literature. It should give a theoretical base for the research and helps to determine the nature of the research. It aims to review the critical points of current knowledge including substansive findings as well as theoretical and methodological contributions to a particular topic. Literature reviews are secondary sources, and as such, do not report any new or original experimental work. Also a literature review can be interpreted as a review of an abstract accomplishment

Literature review serves a number of important functions in research process. It helps the researcher to generate ideas or to focus on a research approach, methodology, meaning tools and even type of statistical analysis that might be productive in the pursuing the research problem. Review of literature in the study is organized under the following headings.

The literature was searched from extensive review from various sources was depicted under the following headings

- **Literature related to prevalence of depression among cancer patients.**
- **Literature related to effectiveness of self affirmation technique.**
- **Literature related to effectiveness of self affirmation technique on depression.**

2.1 Literature related to depression among cancer patients

Suzana Yusof A, et al., (2016) Conducted a cross-sectional study on Depressive Symptoms among Cancer Patients Undergoing Chemotherapy. In General Hospital Kuala. One hundred eleven (111) were included. This study was used nonparametric test Spearman Rank correlation to identify the association between variables. The statistical analysis showed no correlation between the level of depressive symptom and gender, p=0.992. The statistical analysis also showed no correlation between the level of depressive symptom and the age of participant during the study, p=0.380. According to marital status, the statistical analysis showed the correlation between the level of depressive symptom and marital status, p=0.064 with the confidence interval of 90%. Regarding the current chemotherapy cycle during the study, the statistical analysis also showed no correlation between the level of depressive symptom and the current chemotherapy's cycle during the study, p=0.682.

Caspian J Intern Med. **et al. (2014)** Conducted descriptive study on Prevalence of depression and anxiety among cancer patients. One hundred fifty patients with recent diagnosis of different cancers in three main hospitals of Babol. One hundred-fifty cases with a recent diagnosis of breast, colorectal, stomach, esophagus, lung or thyroid cancer have been included in the study. One hundred forty-nine (99.3%) cases had no family history of depression. Eighty-one (54%) patients had no clinical symptoms of anxiety, 44 (29.3%) mild anxiety, 25 (16.7%) with symptomatic anxiety and these rates were seen in 78 (52%), 40 (26.7%), 32 (21.3%) for depression, respectively. There were significant relationships between anxiety, depression and the age group of the patients (P=0.004 and 0.007, respectively) with higher frequency in older ages. There were no significant relationships between anxiety and depression with sex, marital status and the

educational levels of the patients (p>0.05). The distribution of anxiety and depression in different cancers and treatments. There were significant relationships between anxiety and depression with the type of cancer (P=0.001 and 0.003, respectively) and type of treatment (p<0.05).

A. M. H. Krebber, et al. (2014) Conducted a meta analysis study, A total of 211 studies met the inclusion criteria. Pooled mean prevalence of depression was calculated using Comprehensive Meta-Analysis Hospital Anxiety and Depression Scale - depression subscale (HADS-D)≥8, HADS-D≥11, Center for Epidemiologic Studies≥16, and (semi-)structured diagnostic interviews were used to define depression in 66, 53, 35 and 49 studies, respectively. Respective mean prevalence of depression was 17% (95% CI =16–19%), 8% (95% CI =7–9%), 24% (95% CI = 21–26%), and 13% (95% CI = 11–15%) (p<0.001). Prevalence of depression ranged from 3% in patients with lung cancer to 31%in patients with cancer of the digestive tract, on the basis of diagnostic interviews. Prevalence of depression was highest during treatment 14% (95% CI = 11–17%), measured by diagnostic interviews, and 27% (95% CI =25–30%), measured by self-report instruments. In the first year after diagnosis, prevalence of depression measured with diagnostic interviews and self-report instruments were 9% (95% CI =7–11%) and 21% (95% CI = 19–24%), respectively, and they were 8% (95% CI = 5–12%) and 15% (95% CI =13–17%) ≥1 year after diagnosis.

Zacharias G Laoutidis, and Klaus Mathiak (2013) Conducted a systematic review and meta-analysis, Antidepressants in the treatment of depression/depressive symptoms in cancer patients: a systematic review and meta-analysis Nine RCTs were identified and reviewed. Six of them (with a total of 563 patients) fulfilled the criteria for meta-analysis, but exhibited an unclear risk for bias. The estimated effect size was

1.56 with 95% CI: 1.07- 2.28 (p= 0.021). There were no differences in discontinuation rates between antidepressants and placebo groups (RR= 0.86 with 95% CI 0.47- 1.56, p=0.62).

Novin Nikbakhsh (MD), et. al. (2014) Conducted descriptive study on Prevalence of depression in cancer patients: a meta-analysis of diagnostic interviews and self-report instruments, VU University Medical Center, Amsterdam, the Netherlands, thus hospital anxiety and depression scale (HADS) ≥8, HADS-D≥11, Center for Epidemiologic Studies≥16, and semi structured diagnostic interviews were used to define depression in 66, 53, 35 and 49 studies, respectively. Respective mean prevalence of depression was 17% (95% CI =16–19%), 8% (95% CI =7–9%), 24% (95% CI = 21–26%), and 13% (95% CI = 11–15%) (p<0.001). Prevalence of depression ranged from 3% in patients with lung cancer to 31%in patients with cancer of the digestive tract, on the basis of diagnostic interviews. Prevalence of depression was highest during treatment 14% (95% CI = 11–17%), measured by diagnostic interviews, and 27% (95% CI =25–30%), measured by self-report instruments. In the first year after diagnosis, prevalence of depression measured with diagnostic interviews and self-report instruments were 9% (95% CI =7–11%) and 21% (95% CI = 19–24%), respectively, and they were 8% (95% CI = 5–12%) and 15% (95% CI =13–17%)≥1 year after diagnosis.

Vimala G. (2012) conducted Quasi experimental study on Effectiveness of Counseling on Depression among Cancer Patients Admitted in Pravara Rural Hospital, Loni Thirty cancer patients in the age group of 35 – 65 years were studied. The scale was used the Zung Self Rating Depression Scale High. st percentage (40%) of patients were >56 years of age, Majority 70% were females, 53% had primary school education, 60% belonged to nuclear family, 50% were house wives, 47% had

monthly income <500 Rs, almost all (97%) were married and most (87%) were Hindus. There was a significant reduction in level of depression score after the counseling therapy ($t=7.77$, $p<0.05$) However, the counseling therapy was more effective in various aspects. The level of depression had significant association with the age and type of cancer ($p<0.05$).

O. Husson, F. Mols & L. V. van de Poll-Franse (2010) conducted a systematic review the relation between information provision and health-related quality of life, anxiety and depression among cancer survivors. Tilburg University, Tilburg, Comprehensive Cancer Centre South. A study of 82 head and neck cancer patients found satisfaction with information before treatment, to be predictive of depression but not anxiety, 6–8 months after the end of treatment. However, a study of 36 characinoid tumor patients found a negative relation between satisfaction with doctors' provision of information and anxiety and depression at the first three of four time points (T1–T3). Breast cancer patients who rated their level of information at baseline as high were less depressed after 3 ($P=0.010$) and 6 months ($P<0.001$). The studies with a prospective design showed that satisfaction with the received information and less information needs were independently related to less anxiety and depression.

Mary Jane Massie (2004) Conducted descriptive study Prevalence of Depression in Patients with Cancer. Study was selecting 150 sample depression with cancer patients Hospital Anxiety and Depression Scale (HADS) used to assess depression in cancer patients since the 1960s, the reported prevalence (major depression, 0%–38%; depression spectrum syndromes, 0%–58%) varies significantly because of varying conceptualizations of depression, different criteria used to define depression, differences in methodological approaches to the measurement of

depression, and different populations studied. Depression is highly associated with oropharyngeal (22%–57%), pancreatic (33%–50%), breast (1.5%– 46%), and lung (11%– 44%) cancers. A less high prevalence of depression is reported in patients with other cancers, such as colon (13%–25%), gynecological (12%–23%), and lymphoma (8%–19%)

Takashi Hosaka MD Takayuki Aoki MD (1996) conducted a comparative study depression among cancer patients, (25 male and 25 female) cancer patients and 50 (25 male and 25 female) medically ill patients. The psychiatric interview revealed that 44% of cancer patients and 38% of the medical patients had mental disorders according to DSM-IV. The most frequently observed disorder was depression, which was seen in 28% of the cancer patients and 30% of the medical patients. The cancer patients with depression scored significantly higher on the DRP and the Anger mood state of POMS than did the medically ill patients with depression. In addition, most psychological tests employed had no discrimination between depressed and normal subjects among the cancer and the medical patients. However, it was found that the Depression scale in HADS (HADS-D) split depressed patients from normal subjects since the HADS-D was composed of items that were not concerned with physically ill conditions.

2.2 Literature related to effectiveness of self affirmation technique

Rebecca Carpenter (2017) conducted study a randomized-controlled mixed. Values-Based Self-Affirmation as an intervention for reducing nonclinical Rumination in Royal Holloway, University of London. A total of 171 participants were initially recruited and 159 completed the study. VA increased from 25.30 (SD = 7.07) to 27.32 (SD = 7.46) and VA+GS increased from 26.32 (SD = 7.88) to 27.11 (SD = 7.88). Positive affect then fell again at two week follow up mean PANASPA

was 24.22 (SD = 8.54) for VA and 22.50 (SD = 7.77) for VA+GS at T3. This showed a significant difference between conditions (F (2,168) =5.84, p =.004).Paired samples t tests with alpha level adjusted for family wise error using a Bonferroni correction (p=.017) indicated that there was a significant increase in positive affect in the VA (t (56) =3.07, p= 003) and VA+GS (t (56)=2.69,P= .009) condition, but no significant change in the NAC condition (t (56) = 0.07 P= .95).

Christopher N. Cascio, et al., (2016) conducted a descriptive study on Self-affirmation activates brain systems associated with self-related processing and reward and is reinforced by future orientation. University of California, Los Angeles, CA, USA. Participants 67. Neural activity within the valuation network was significantly greater when viewing future-oriented value scenarios (M=0.108) compared with viewing past-oriented value scenarios (M=0.003), t(29)=3.83,P<0.001. Finally, neural activity within our emotion regulation network was not significantly differ-ent when viewing future-oriented value scenarios (M=0.056) compared with viewing past-oriented value scenarios (M=0.025),t(29)=1.65,P=0.111.

Philine S. Harris, Peter R. Harris, Eleanor Miles (2016) Conducted a descriptive study. Self-affirmation improves performance on tasks related to executive functioning. School of Psychology, University of Sussex, Falmer BN1 9QH, United Kingdom. The sample consisted of 83 psychology undergraduates at the University of Sussex who participated for course credits. There were no significant differences in overall accuracy, F (1, 81) = 0.13, P = 0.72, d = 0.01. There were marginally significant differences in overall in- verse Efficiency, F (1, 81) = 3.56, p =0.06, d = 0.42: self-affirmed participants responded more quickly than non-affirmed without a cost to accuracy. Moreover, self-affirmed participants showed marginally less interference than non-affirmed participants, F(1, 81) = 3.32,p =0.07,d=0.40.

Kira Marie Alexander (2014) conducted study a regulatory fit analysis among male and female undergraduates at the University of Pittsburgh (N = 40, 24 males and 16 females; M age = 19.5 years; 75.0% University of Pittsburgh. Self-affirmed participants (M = 6.06, SD = 0.77) were significantly less avoidant of message-related information than were non-affirmed participants (M = 5.40, SD = 1.25), t (35) = 1.95, p = 0.03, d = 0.66, one-tailed. Message Credibility. Self-affirmed participants (M = 4.57, SD = 0.85) found message information to be significantly more credible than did non-affirmed participants (M = 3.81, SD = 1.17), t(35) = 2.27, p = 0.02, d = 0.77.

Emily B. Falk, et al., (2014) conducted a descriptive study on self-affirmation increases self-compassion and pro-social behaviors. Measured physical activity using wrist worn accelerometers. At baseline, participants were sedentary an average of 50.6% of their valid/awake time (SD, 14.0%; range, 21 - 84%), which is close to the national average. On average, controlling for baseline sedentary behavior and demographics, participants showed significant declines in their sedentary behavior over time in the month following exposure to the health message intervention ($\gamma = -0.001$; $t = -3.49$; $P = 0.0005$). Effects of Affirmation on Brain Activity and on Behavior Change. Those who were in the affirmation condition decreased their sedentary behavior more over time following exposure to health messages (condition by time), compared with those in the control condition (γ time × condition $= -0.002$, $t = -2.68$, $P = 0.008$)

J. David Creswell, et al., (2013) conducted a descriptive study on Self-Affirmation, cognitive processing, or discovery of meaning explain cancer related health benefits of expressive writing, consistent with hypotheses, we observed a significant main effect of chronic stress on RAT performance (b=2.45, t (72) =22.75, p = .008), such that participants with higher stress in the last month had lower

problem-solving performance. Moreover, we observed a significant main effect for self-affirmation condition, (b= .31, t (72) = 2.88, p= .005), such that affirmed participants performed significantly better on the RAT task than control participants. Consistent with our self-affirmation stress buffering hypotheses, these main effects were qualified by a significant chronic stress 6self-affirmation interaction on RAT problem-solving performance (b= .35, t (72) = 2.09, p= .041).

Creswell, Dutcher, Klein, Harris, and Levine (2013) illustrated the alleviating effects of self-affirming on a stereotype threat component: stress. After collecting self- report data on stress levels from their participants, the participants were randomly assigned to a self-affirmation or control condition Participants in the self-affirmation condition wrote about their most important value, whereas participants in the control condition wrote about their least important value. After the writing exercise, the 7participants completed the Remote Associates Task (RAT), which is a measure of problem-solving and creativity. The results revealed that self-affirming improved problem-solving performance in individuals reporting chronic stress. Self-affirmation does not only reduce stress, but it also improves cardiac activity when threatened.

Derks, Scheepers, Van Laar, and Ellemers (2011) examined self- and group- affirmation coping strategies to improve negative cardiovascular activity that resulted from stereotype threat. The women in this study were primed with the stereotype that women have poor car-parking abilities, and were then required to perform a car parking task. The results indicated that for women highly identified with their group, the group-affirmation coping strategy (i.e., focusing on positive group characteristics) was most effective. This was demonstrated by the individual's cardiac activity indicating challenge, rather than threat, during the car parking task. For women who did not identify as highly with their group, the self-affirmation

coping strategy (i.e., focusing on positive self-characteristics) was most effective as indicated by their cardiovascular patterns. Derks and colleagues are not the only researchers that have found the positive effects of self-affirmation.

Stapel, Diederik A. et al., (2011) conducted a descriptive study This retraction follows the results of an investigation into the work of Diederik A. Stapel (further information on the investigation can be found here. The Levelt Committee has determined data supplied by Diederik A. Stapel to be fraudulent. One-way ANOVA comparing age between self-affirmation (MSA = 19.71 years, SD = 2.75) and control conditions (MNA = 20.83 years, SD =3.17). These were measures of self-control (Tangney, Baumeister, & Boone, 2004), self-esteem (Rosenberg, 1965), positive affect (Usala & Hertzog, 1989), self-integrity (Sherman et al., 2009), spontaneous self-affirmation (Harris et al., n.d.), general self-efficacy (Schwarzer & Jerusalem, 1995), self-compassion (Neff, 2003), optimism (Scheier, Carver, & Bridges, 1994), heuristic/systematic processing (Griffin, Neuwirth, Giese, & Dunwoody, 1999) and empathic concern (Davis, 1983). Affect was also measured immediately following the manipulation, but no main effect of self-affirmation on affect was found. (The affect findings will be reported in a separate paper, Harris, Harris & Miles, in prep.) 282 P.S. Harris et al. Journal of Experimental Social Psychology 70 (2017) 281 - 285approached significance F (1, 81) = 2.93, p = 0.09,

Similar to Derks et al. (2011), Martens et al. (2006) also investigated whether self-affirmation was an effective way to minimize stereotype threat, however, in contrast to Derks et al., Martens et al. measured math performance. In Study 1, participants were randomly assigned to a control, stereotype threat, or stereotype threat + affirmation condition. All participants were told that they would work on "reasoning problems." The stereotype threat and stereotype threat + affirmation participants were also told that 8=these problems would directly measure their math

intelligence, and that their abilities and limitations would be evaluated. The participants were then given a "preliminary form." This form instructed participants to list 11 "characteristics and values" in order of importance. The participants in the stereotype threat + affirmation condition were then instructed to write about their number one value listed. They had to write about why this value was important to them, and to give an example of when this value had been particularly important to them. The participants in the other two conditions were instructed to write about their ninth most important value and to describe why this value could be important to others, and to generate an example of when the value could have been important to another person. All participants then completed a math test. The results revealed that the stereotype-threatened women who self-affirmed outperformed women in the stereotype threat condition. In Study 2, the researchers found similar results. After informing participants that women have inferior spatial rotation abilities compared to men, they were given a spatial rotation task. Martens et al. found that the women given the self-affirmation writing task prior to the spatial rotation task performed better, compared to the stereotype threat only condition.

Williamm. P.Klein (2006) conducted a systematic review study experimental manipulations of self-affirmation. Psyc INFO data base produced 275 hits, which were reduced to 238 by limiting inclusion to publications in English with human participants. Additional eligible articles were found through hand searches of recent or in-press articles available online (n=1), direct solicitation using the SPSP listserv (n=7), and from references cited in selected articles(n 5).In the final search on 6 March 2006, additional eligible articles were obtained from Psyc INFO (n=4) and a hand search (n=2). Therefore, 47 eligible articles were found in total; 32 from PsycINFO and 15 through alternative search methods, which contained a total of 69 eligible studies

2.3 Literature related to self affirmation technique on depression

Shalu Rana, Dr Sanjay Kumar (2016) conducted a descriptive study on effect of affirmations on stress, anxiety and depression of cardio vascular disease female patients. The study result revealed mean pre treatment stress score of the experimental group the (M=20.13, S.D. = 4.56) was significantly higher as component to post mean stress score (M=10.93, S.D. = 3.49), which showing a percentage reduction of 45.70%. The obtained t- value indicated that the two scores (Pre treatment and Post treatment scores) differ significantly at .01 level of significance [t (df =14) =15.66, pZ.01] in reducing level of stress from 20.13 to 10.93

Sussan Moudi, MD, Setareh Abbasian (2012) Conducted a descriptive study on self affirmation among depression client. During the study, one hundred-fifty cases with a recent diagnosis of depression. One hundred forty-six (97.3%) cases were married, 3(2%) cases single and 1 (0.7%) divorced. Seventy-eight (52%) cases were females and 72 (48%) were males. Regarding educational levels, below diploma, diploma, higher than diploma and illiterate were seen in 35.3%, 22%, 7.4% and 35.3% cases, respectively. The mean age of the patients was 59.04±14.34 (range of 22-88) years. Most of the patients [126 cases (84%)].

Melissa Dawahare, ND (2006) conducted a descriptive study using Affirmations in the Treatment of Depression Self-affirmed participants (N = 40 , 24 males and 16 females; M age = 19.5 years (M = 6.06, SD = 0.77) were significantly less avoidant of message-related information than were non-affirmed participants (M = 5.40, SD = 1.25), t(35) = 1.95, p = 0.03, d = 0.66, one-tailed. Message Credibility. Self-affirmed participants (M = 4.57, SD = 0.85) found message information to be significantly more credible than did non-affirmed participants (M = 3.81, SD = 1.17), t(35) = 2.27, p = 0.02, d = 0.77.

2.3 Conceptual framework

The conceptual framework for the present study was based on **Ida Jean Orlando's professional response theory** which focus on client's immediate need to determine if the needs were achieved with nursing action. The present study was focused to find out the effectiveness of self affirmation technique reduce level depression among cancer patients. The framework of the study was based Ida Jean Orlando's deliberate interactive model. To Ida Orlando's, the client is an individual with a need that, when met diminished distress, increases adequacy (or) enhances wellbeing.

Patient behaviour

It can be verbally expressed by language such as complaints requests, dements (or) depression, reduced verbal communication, must be considered as expression of need for help and needed to be validated. In this present study participants behaviour denotes cancer patients admitted in oncology ward, perceives they were worthless and don't have any future in the way of expressing sitting alone, not communicate with others and looking sad sense of helplessness and is a threat to life leading to depression.

Nurses reaction

Patients behaviour stimulates a nurses reaction. The beginning of nurse patients relationship takes place. Nurse reaction to a patient's behaviour forms the basic determining how a nurse acts; It this present study the nurse reaction is based on the assess the level of depression based on subjective data and objective data by Hamilton depression rating scale. So, the researcher assess the levels of depression and plan for nursing intervention.

Nurses activity

Nurses activity is whatever the nurses says (or) does to benefit the patients. Nurses activity can be automatically (or) deliberative. In this study automatic reaction of researcher is nursing intervention of self affirmation technique for 15 – 20 minutes twice a day for 5 consecutive days. Deliberative reactions is to identify the level of depression among cancer patients who is receiving self affirmation technique by using Hamilton depression ratting scale. It involves in exploring the meaning and relevance of an action to the patient these action are evaluated for effectiveness immediately after completion of procedure.

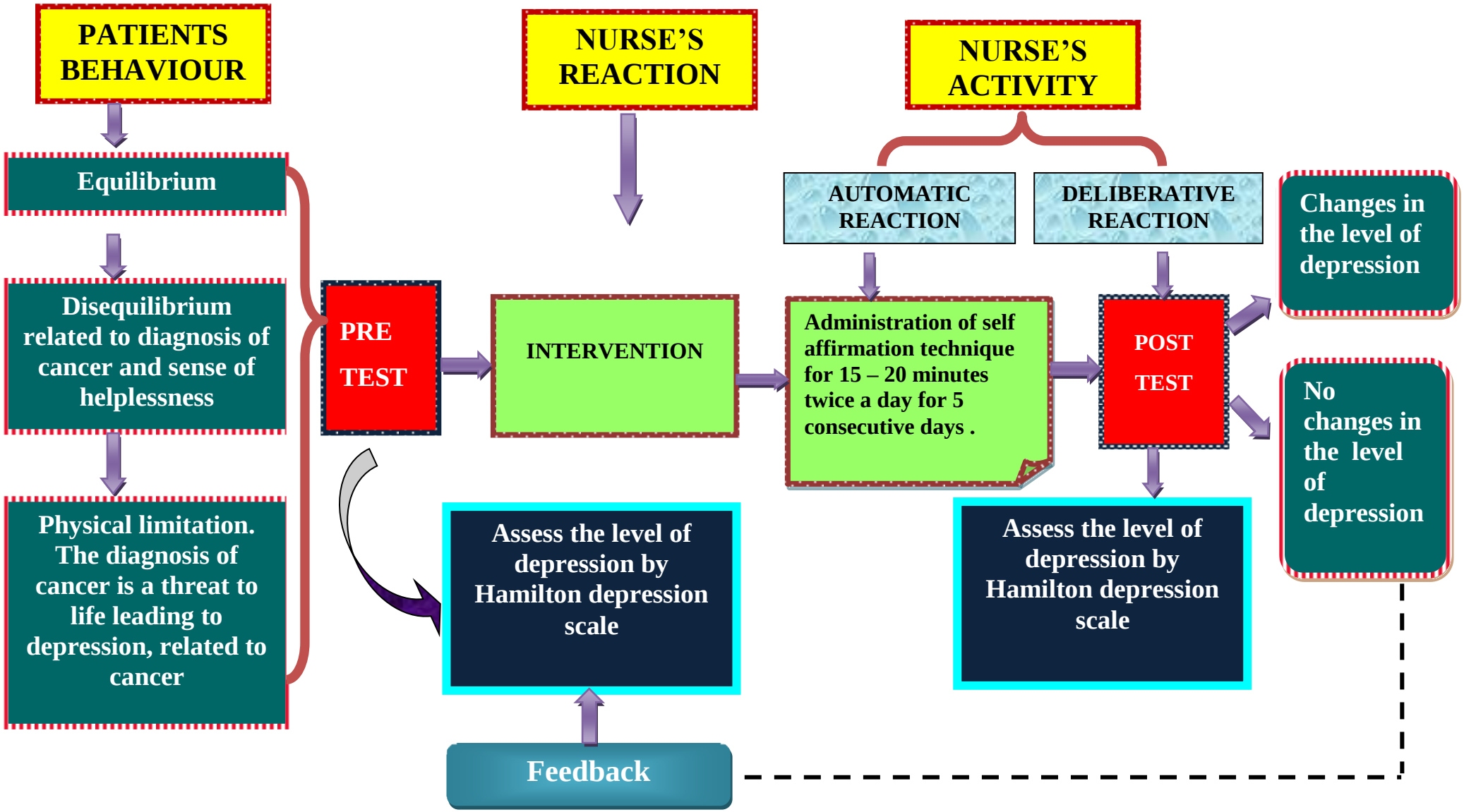


Figure 1. Conceptual frame work based on IDA jean Orlando's professional response theory (1961)

RESEARCH METHODOLOGY

CHAPTER - III

METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure for assembling valid and reliable data for investigation. This chapter provides a brief explanation of the method adapted by the investigator in the study. It includes the research approach, research design and variables and setting of the study, population, sample and sample size, sample technique description of the tool, pilot study data collection procedure and plan for data analysis.

The present study aims to evaluate the effectiveness of self affirmation technique on depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai.

3.1 Research approach

The research approach is the most essential part of any research. The entire study is based on it. In this study the effectiveness and long term outcome of self affirmation technique was evaluated. The research approach used for the study is quantitative approach.

3.2 Research design

Pre experimental design (one group pre test and post test design)

Pre test	Intervention	Post test
O_1	X	O_2

O_1 - Pretest level of depression among cancer patients .

X - Self affirmation technique for 15-20 minutes/ twice daily for 5 consecutive days.

O_2 - Post test level of depression among cancer patients.

3.3 Variables

Independent variable

The independent variable is Self affirmation technique .

Dependent variable

The dependent variable is depression.

3.4 Setting of the study

The study was conducted in oncology ward at Government rajaji hospital, Madurai

3.5 Population

Cancer patients in oncology ward, Government Rajaji Hospital, Madurai.

Target population

The study population comprised of depression among cancer patients.

Accessible population

Depression among cancer patients admitted in oncology ward at Government Rajaji Hospital, Madurai.

3.6 Sample

The depression among cancer patients admitted in oncology ward at Government Rajaji Hospital, Madurai and those who fulfilled the inclusion criteria.

3.7 Sample size

The sample size for this study is 30 cancer patients with depression.

3.8 Sampling technique

Non Probability (Consecutive) sampling technique.

3.9 Criteria for sample selection

Inclusion criteria

- All age group of male and female cancer patients.

- Subjects who is available at the time of data collection.
- Cancer patients who had mild to severe depression.

Exclusion criteria

- Subjects who is not willing to participate in the study
- Disoriented cancer patients
- Subjects who is critically ill

3.10 Research tool and technique

- ✓ The tool used for the study is **"Hamilton depression rating scale"**
- ✓ The techniques is used in this study is structured interview

Section - I : Socio demographic variables

Section -II : Baseline variables

Section -III : Hamilton depression rating scale

Section - I

It consist of socio demographic variables such as age, sex, religion, area of living, education, occupation, family income per month, marital status, type of family, habits.

Section – II

It consist of base line variables such as type of cancer, duration of illness, mode of treatment, stages of cancer, family history of psychiatric illness.

Section – III

Consist of 21 items questionnaire ranging from 0 to 4, which was designed to measure the level of depression. 10 items are scored on a 5 point ranging from 0=not present to 4=very severe, 2 items are scored on a 4 point scale ranging from 0=not present to 3=severe, 9 items are scored on a 3 point scale 0=not present to 2=moderate. The minimum score is 0 and maximum score is 66.

3.11 Scoring procedure

Section - I: There was no score allotted for socio demographic variables.

Section –II: There was no score allotted for base line variables

Section –III: Structured interview is rated as followed

Score were calculating by summing the score for the given items. The score of each respondent over the scale are then evaluated as per the severity.

The level of depression was graded as follows:

0 – 07 = normal

08-13 = mild depression

14 - 18 = moderate depression

19 – 22 = severe depression

≥23 = very severe depression

3.12 Testing of the tool

Content validity

The content validity of the tool was obtained by giving the tool to five of the experts in the field of nursing, psychology, psychiatry; epidemiology and statistics. Based on their suggestions reframing of the tool was done.

Reliability of the tool

The reliability of a tool is a major criterion for assessing its quality and adequacy. Reliability is the consistency with which it measure the target attribute. The reliability of the tool was done by test retest method r = 0. 73. Hence the tool was reliable and it was used in this study.

3.13 Pilot study

The data collection was done in oncology ward at Govt. Rajaji Hospital, Madurai. Both oral and written informed consent was obtained from all the study

participants. 5 cancer patients (who were not included in the main study) who fulfill the inclusion criteria with regard to the settings ,with the cooperation of the cancer patients and the availability of the sample ,in a manner in which a final study would be done. It was carried over for the period of 5 days from.21.05.18 to 27.05.18.The findings of the pilot study revealed that the study was feasible and practicable. Data were analyzed to find out the practicability to conduct the study. The pilot study revealed that the study was feasible and practicable.

3.13 Data collection procedure

The data collection was done in oncology ward at Government Rajaji Hospital, Madurai. Both oral and written informed consent was obtained from all the study participants. Data collection was done for 6 weeks from 04.06.2018 to 13.07.2018. approximately 6-8 clients were assessed in a week and they were selected by consecutive sampling and level of depression assessed by Hamilton Rating Scale Pre test level of depression was assessed on the first day of sample collection, Self Affirmation Technique was given by the researcher 15 -20 minutes twice a day daily for 5 days post test was done on 6^{th} day by using the same Hamilton depression rating scale.

3.14 Plan for data analysis

After the data collection the collected data was organized, tabulated summarized and analyzed. The data was analyzed according to objectives of the study by using descriptive and inferential statistics.

Descriptive statistics

Frequency, Percentage distribution, Mean and standard deviation of subject was used to identify the level depression among cancer patients.

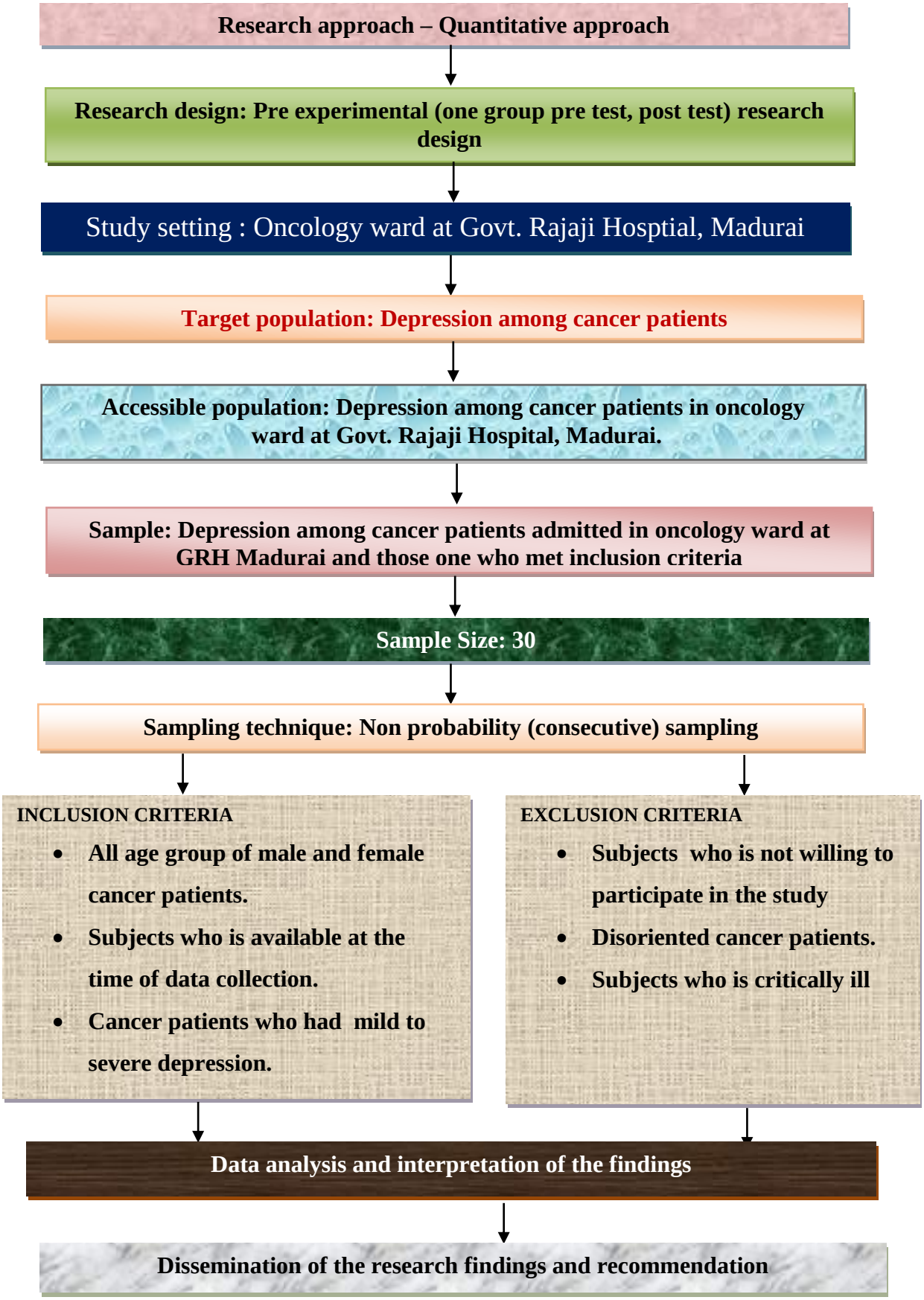
Inferential statistics

- Frequency and percentage was used for socio demographic variables.
- Frequency and percentage was used for base line variables.
- Paired t-test was used to evaluate the effect of self affirmation technique.
- Chi-square analysis was used to find out the association between level of depression among cancer patients with their selected demographic variables.

3.16 Protection of human rights

Research proposal was approved by the dissertation committee, and prior to the pilot study and the main study. Permission was obtained from the principal of college of nursing and department HOD in oncology department. An oral and written consent of each study samples was obtained before starting the data collection. Positive benefits was explained to all the study subjects. They will also be explained that they may withdraw from the study at anytime without any penalty. Assurance was given to the subjects that confidentiality would be maintained throughout the study. Debriefing of the study results was done after the approval of dissertation.

3.17 Schematic representation of research methodology



DATA ANALYSIS AND INTERPRETATION

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis of the data collected. Statistical procedure enabled the investigator to deduce, summarize, organize, evaluate, interpret and communicate the numeric information. Statistical analysis is a method of rendering quantitative information meaningful and intelligible. In this chapter the data collected were edited tabulation, analyzed and interpreted.

The data collected were organized under the following section

Section I

Distribution of cancer patients with depression according to their socio demographic variables.

Section II

Distribution of cancer patients with depression according to their baseline variables.

Section III

Distribution of cancer patients according to their pre test level of depression.

Section IV

Distribution of cancer patients according to their post test level of depression.

Section V

Describe comparison of depression score among cancer patients before and after self affirmation technique.

Section VI

Describe association between posttest level of depression among cancer patients with their selected socio demographic variables.

Section I

Distribution of cancer patients with depression according to their selected socio demographic variables.

Table 1

Frequency and percentage distribution of cancer patients with depression according to their selected socio demographic variables.

n = 30

Socio demographic variables		f	%
Age	< 20 years	0	0.00%
	21- 40 years	5	16.67%
	41 - 60 years	14	46.66%
	> 61 years	11	36.67%
sex	Male	20	66.67%
	Female	10	33.33%
Religion	Hindu	25	83.33%
	Christian	3	10.00%
	Muslim	2	6.67%
Are of living	Rural	11	36.67%
	Urban	13	43.33%
	Semi urban	6	20.00%
Education	No formal education	8	26.67%
	Primary education	9	30.00%
	High school education	4	13.33%
	Higher secondary	5	16.67%
	Graduate and above	4	13.33%
Occupation	Government employee	3	10.00%
	Private employee	5	16.67%
	Self employment	2	6.66%
	Daily wages	15	50.00%
	Home maker	5	16.67%

Family income per month	< 3000	10	33.33%
	3001 – 5000	8	26.67%
	5001 – 7000	6	20.00%
	> 7000	6	20.00%
Marital status	Married	25	83.33%
	Unmarried	3	10.00%
	Widower	2	6.67%
	Separated	0	0.00%
Type of family	Nuclear family	18	60.00%
	Joint family	9	30.00%
	Extended family	3	10.00%
Habits	Drinking habits	7	23.34%
	Smoking habits	3	10.00%
	Fast food	4	13.33%
	No	16	53.33%

The above table 1 explains the distribution of cancer patients with depression according to their socio demographic variables.

When comparing the age group, majority of the patients 14 (46.66 %) belonged the age group between 41-60 years, 11 (36.67 %) of them belonged age group more than 60 years, 5 (16.67 %) of them belonged to the age group between 21 - 40 years, none of them belonged to the age group less than 20 years.

Regarding sex, 20 (66.67%) were males and the remaining 10 (33.33%) were females.

While stating religion, 25 (83.33 %) were Hindu, 3 (10%) were Christian, 2 (6.67%) were Muslim.

With regards area of living, 13 (43.33%) were hailed from urban area, 11 (36.67%) were hailed from rural area, 6 (20.00%) were hailed from semi urban area.

According to educational status, 9 (30.00 %) had studied up to primary education, 8 (26.7%) had no formal education, 5 (16.67%) had studied up higher secondary education, 4 (13.33%) had studied up to graduate and above, remaining 4 (13.33%) had studied up to high school level.

While discussing occupation, 15 (50.00%) were daily wages, 5 (16.67%) were private employee, 5 (16.7%) were home makers, and remaining 3 (10.0%) were government employee, and 2 (06.66%) were self employee.

With respect of family income per month, 10 (33.33%) were earned less than Rs 3000, 8 (26.67%) were earned between Rs 3001 – 5000, 6 (20.00%) were earned between Rs 5001-7000 and 6 (20.00%) were earned more than Rs 7000

As far as marital status, 25 (83.33%) were married, 3 (10.00%) were unmarried, 2 (6.67%) were widowed and none of them separated.

While mentioning type of family, 18 (60.00%) of them hailed from nuclear family, and 9 (30.00%) of them hailed from joint family and 3 (10.00%) of them hailed from extended family.

While discussing habits, 16 (53.33%) had no bad habits, 7 (23.34%) had habits of drinking, 4 (13.33%) had consumed fast food, and the remaining 3 (10.0%) had habits of smoking.

Distribution of subjects according to age

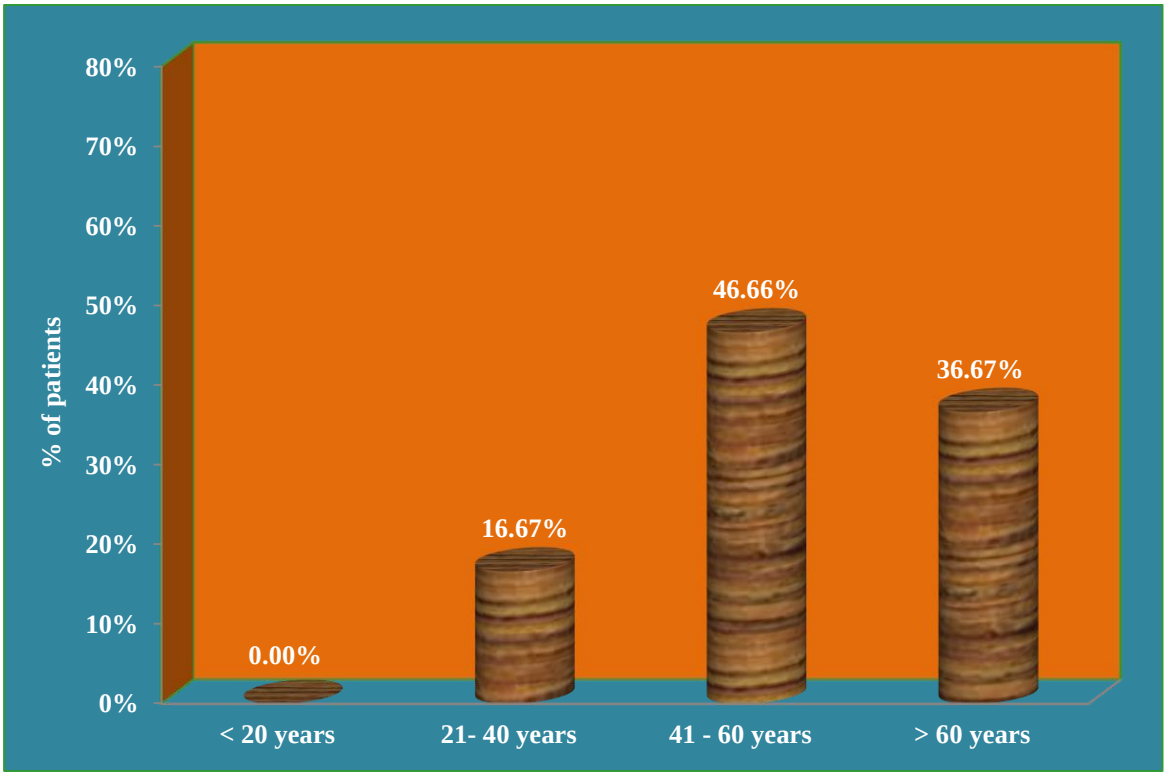


Figure 2: A cylinder diagram quotes the distribution of cancer patients with depression according to their age.

Majority of the patients 14 (46.66 %) belonged the age group between 41-60 years, 11 (36.67 %) of them belonged to the age group more than 60 years, 5 (16.67 %) of them belonged to the age group between 21 - 40 years, none of them belonged to the age group less than 20 years.

Distribution of subjects according to sex

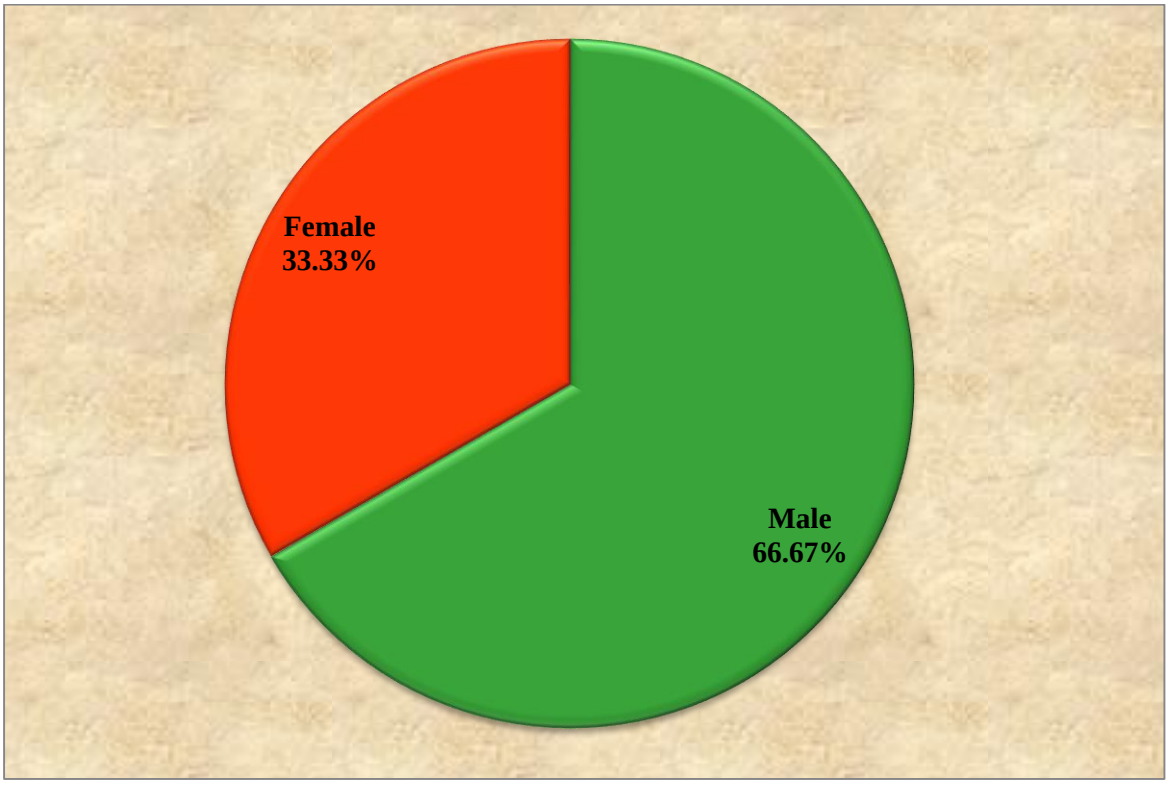


Figure 3: A pie diagram quotes the distribution of cancer patients with depression according to their sex.

Majority of the patients 20 (66.67%) were males and the remaining 10 (33.33%) were females.

Distribution of subjects according to religion

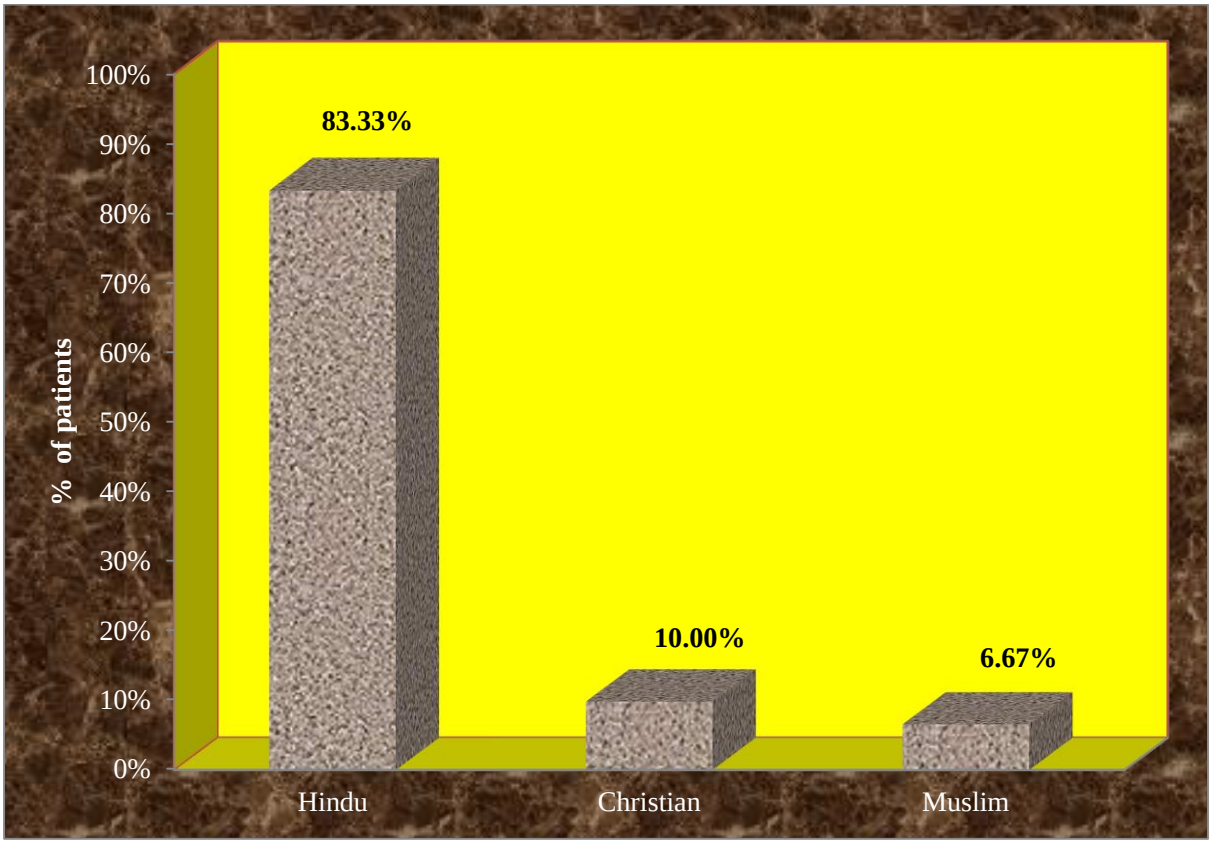


Figure 4: A simple bar diagram states the distribution of cancer patients with depression according to their religion.

Majority of the patients 25 (83.33 %) were Hindu, 3 (10%) were Christian, 2 (6.67%) were Muslim.

Distribution of subjects according to area of living

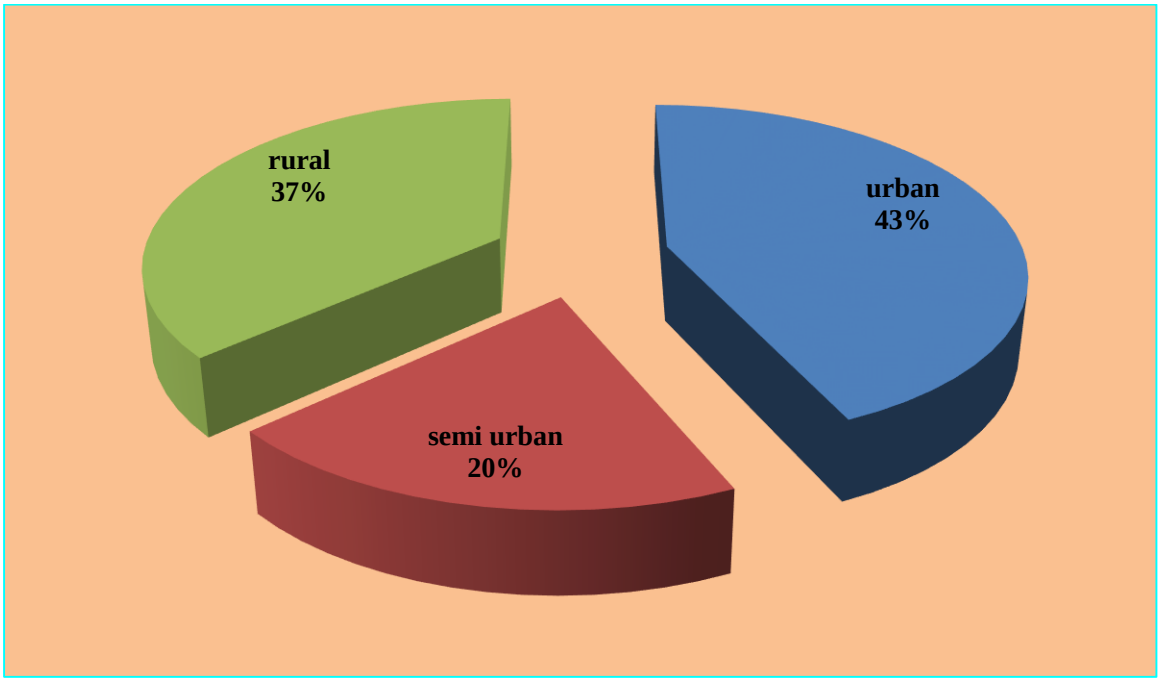


Figure 5: A pie diagram depicts the distribution of cancer patients with depression according to their area of living.

Majority of the patients 13 (43.33%) were hailed from urban area, 11 (36.67%) were hailed from rural area, 6 (20.00%) were hailed from semi urban area.

Distribution of subjects according to educational status

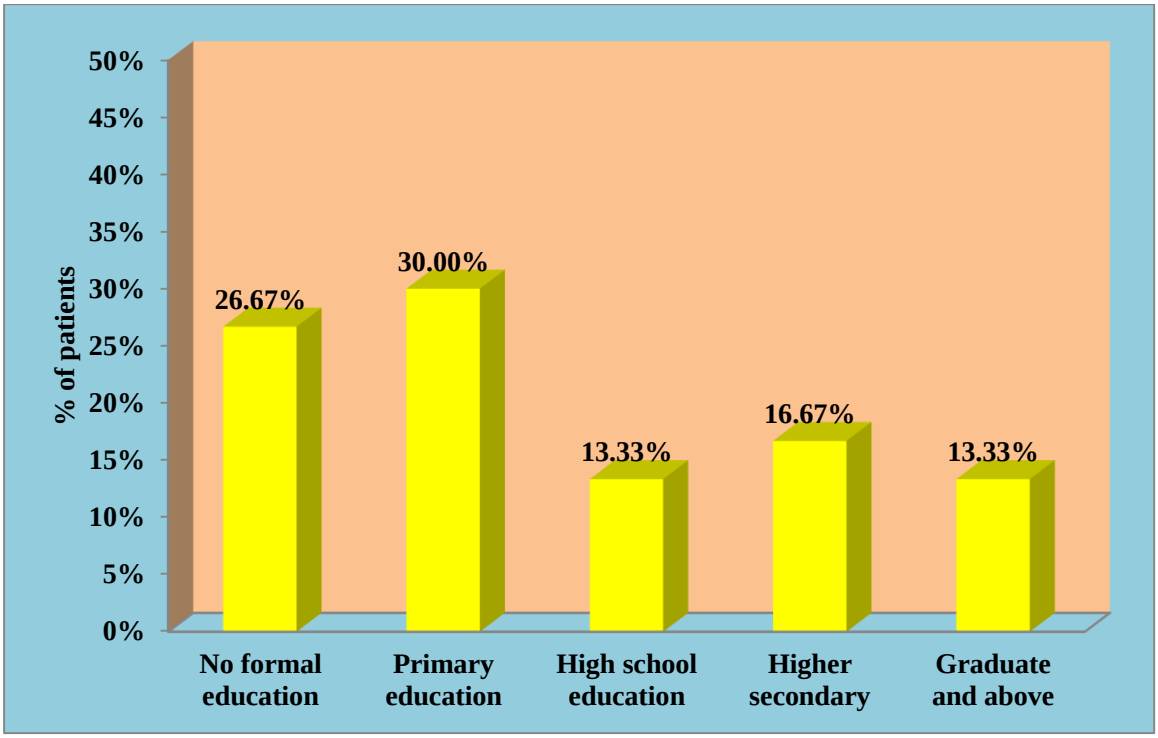


Figure 6: A simple bar diagram identifies the distribution of cancer patients with depression according to their educational status.

Majority of the patients 9 (30.00 %) had studied up to primary education, 8 (26.7%) had no formal education, 5 (16.67%) had studied up higher secondary education, 4 (13.33%) had studied up to graduate and above, remaining 4 (13.33%) had studied up to high school level.

Distribution of subjects according to occupation

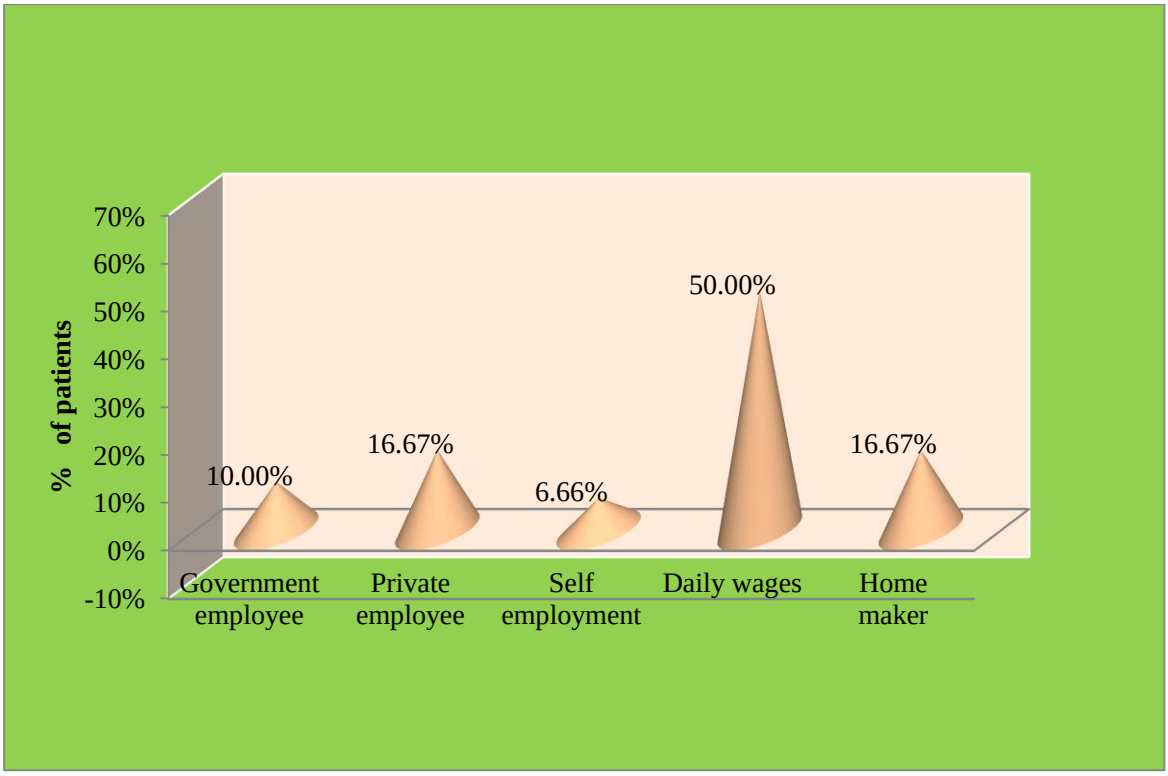


Figure: 7 A cone diagram reveals the distribution of cancer patients with depression according to their occupation.

Majority of the patients 15 (50.00%) were daily wages, 5 (16.67%) were private employee, 5 (16.7%) were home makers, and remaining 3 (10.0%) were government employee and 2 (06.66%) were self employee.

Distribution of subjects according to family income

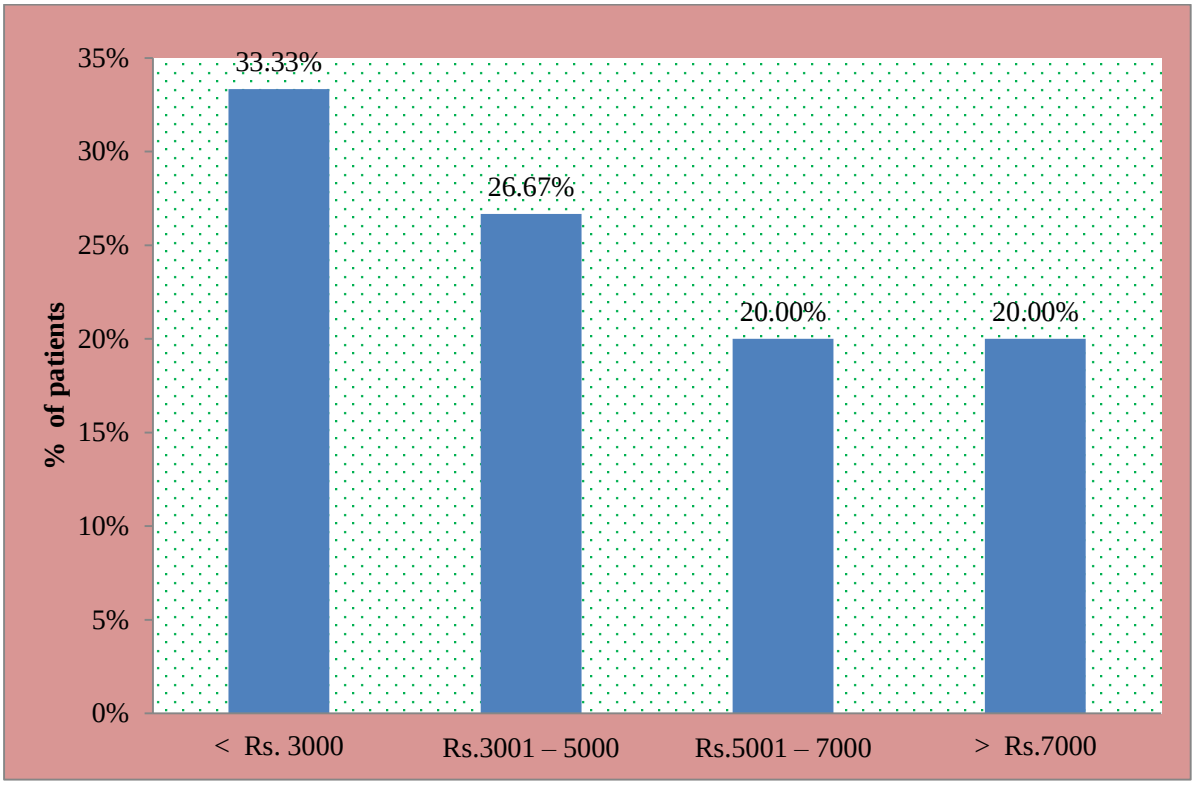


Figure 8: A bar diagram portrays the distribution of cancer patients with depression according to their family income per month.

Majority of the patients 10 (33.33%) were earned less than Rs. 3000, 8 (26.67%) were earned between Rs. 3001 – 5000, 6 (20.00%) were earned between Rs.5001-7000 and 6 (20.00%) were earned more than Rs. 7000.

Distribution of subjects according to marital status

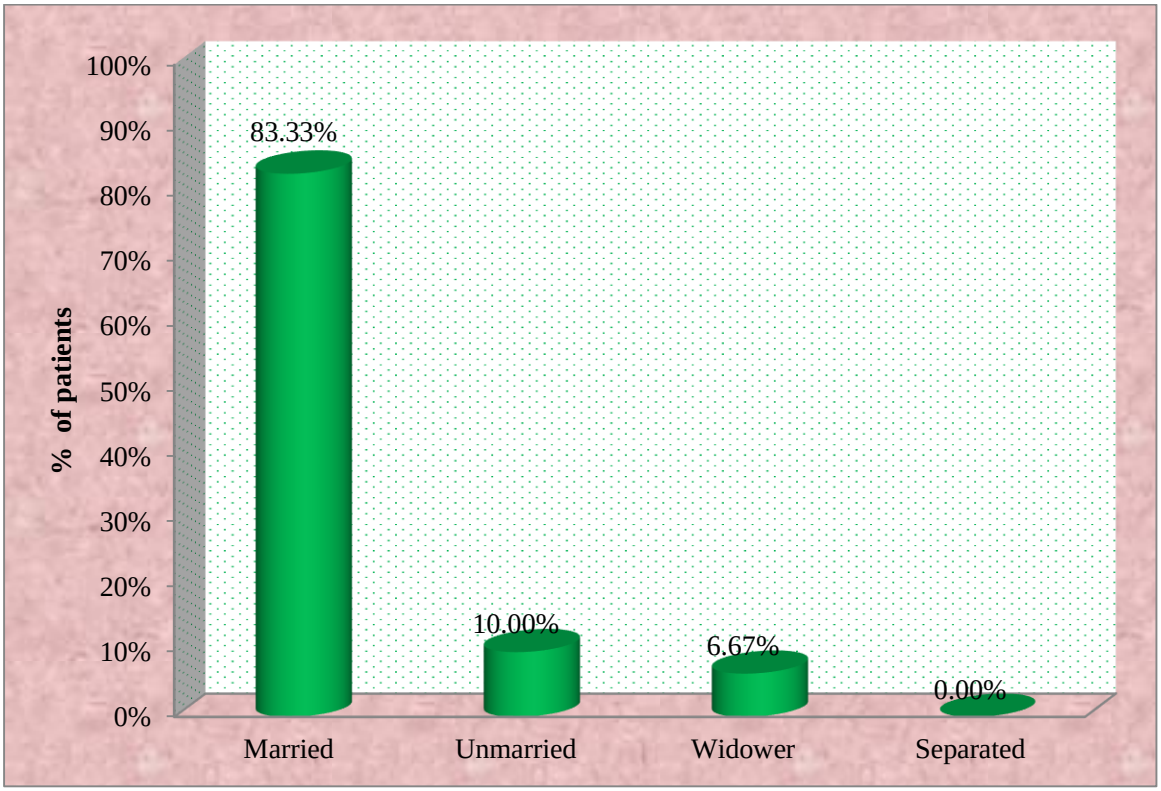


Figure 9: A cylinder diagram explains the distribution of cancer patients with depression according to their marital status.

Majority of the patients, 25 (83.33%) were married, 3 (10.00%) were unmarried, 2 (6.67%) were widowed and none of them separated.

Distribution of subjects according to type of family

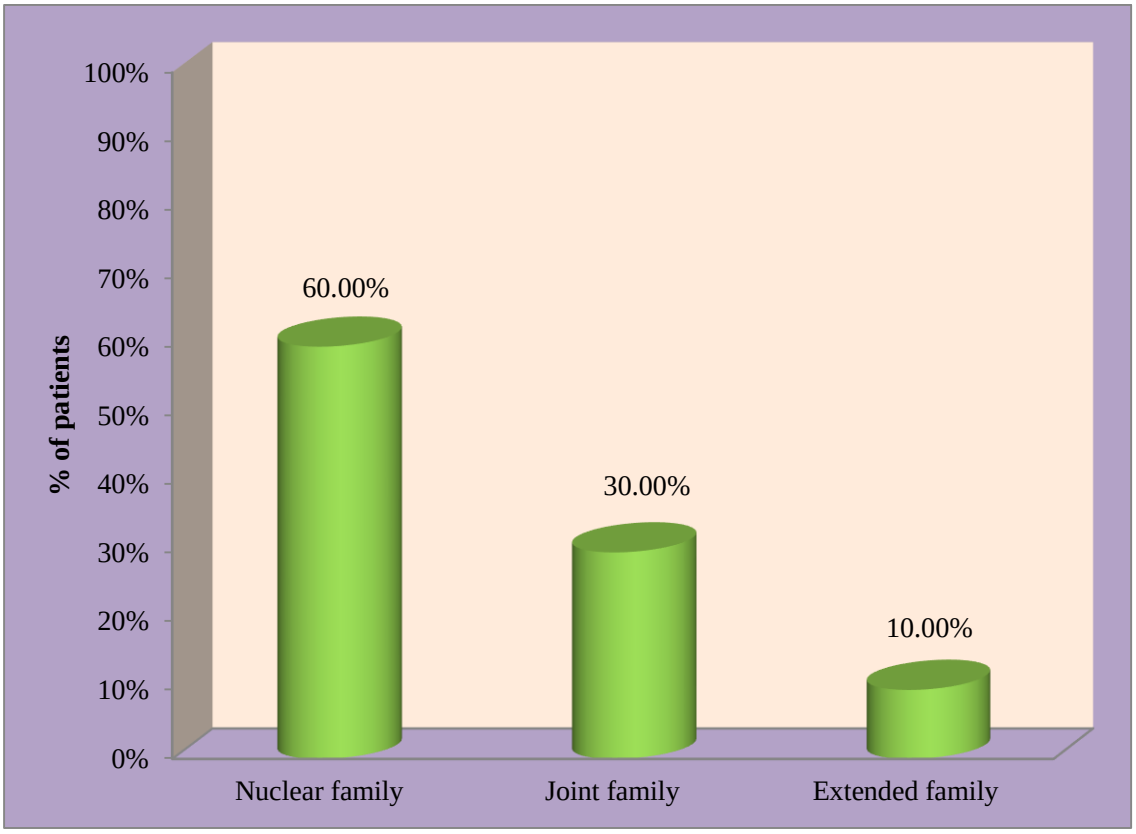


Figure 10: A cylinder diagram explains the distribution of cancer patients with depression according to their type of family.

Majority of the patients 18 (60.00%) of them hailed from nuclear family, and 9 (30.00%) of them hailed from joint family and 3 (10.00%) of them hailed from extended family.

Distribution of subjects according to habits

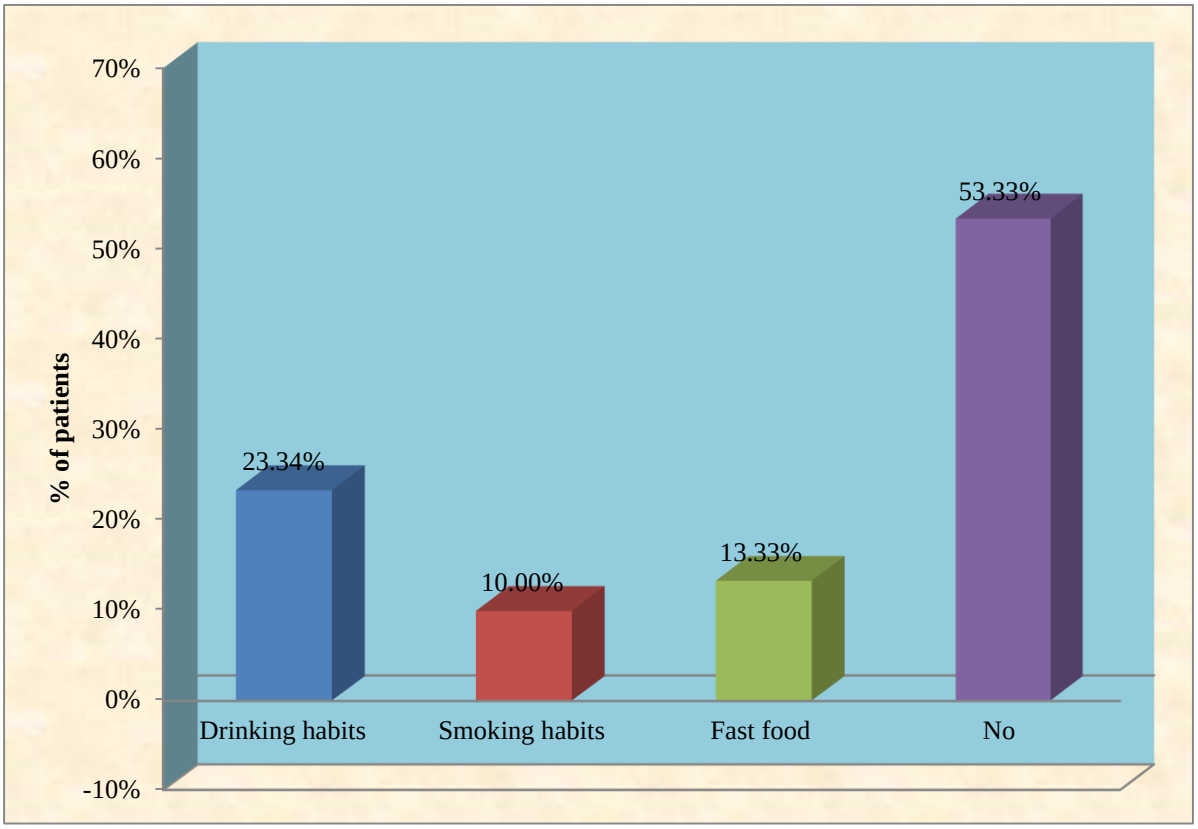


Figure 11: A simple bar diagram explains the distribution of cancer patients with depression according to their habits.

Majority of the patients 16 (53.33%) had no bad habits, 7 (23.34%) had habits of drinking habits, 4 (13.33%) had consumed fast food, and the remaining 3 (10.0%) had habits of smoking.

Section II

Distribution of cancer patients with depression according to their baseline variables

Table 2

Frequency and percentage distribution of cancer patients with depression according to their baseline variables

Baseline variables		f	%
Type of cancer	Brest cancer	7	23.33%
	Cervical cancer	6	20.00%
	Lung cancer	6	20.00%
	Brain cancer	4	13.33%
	Esophageal cancer	7	23.33%
Duration of illness	1- 5 years	26	86.67%
	6- 10 years	4	13.33%
	More then 10 years	0	0.00%
Mode of treatment	Chemo therapy	12	40.00%
	Radiation therapy	7	23.33%
	Surgery	11	36.67%
Stages of cancer	Stage 0	3	10.00%
	Stage I	23	76.67%
	Stage II	4	13.33%
	Stage III	0	0.00%
	Stage IV	0	0.00%
Family history of psychiatric illness	Suicide	1	3.33%
	Mental retardation	1	3.33%
	Alcoholism	3	10.00%
	Substance abuse	2	6.67%
	No	23	76.67%

The above table 2 explains the distribution of cancer patients with depression according to their baseline variables.

Regarding type of cancer, 7 (23.33%) had breast cancer 7 (23.33%) had esophageal cancer, 6 (20.00%) had lung cancer, 6 (20.00%) had cervical cancer and remaining 4 (13.33%) had brain cancer.

Regarding duration of illness, 26 (86.67%) had 1-5 years, 4 (13.33%) had 6-10 years and none of them had more than 10 years of illness.

Regarding Mode of treatment, 12 (40.00%) had chemo therapy, 11 (36.67%) had surgery and 7 (23.33%) had radiation therapy.

Regarding stages of cancer, 23 (76.67%) had I stage, 4 (13.33%) had II stage. 3 (10.00%) had 0 stage and none of them had III or IV.

Regarding family history of psychiatric illness, 23 (76.67) had no family history 3 (10.00%) had family history of alcoholism, 2 (6.67%) had family history of substance abuse, 1 (3.33%) had family history of suicide, 1 (3.33%) had family history of mental retardation.

Distribution of subjects according to type of cancer

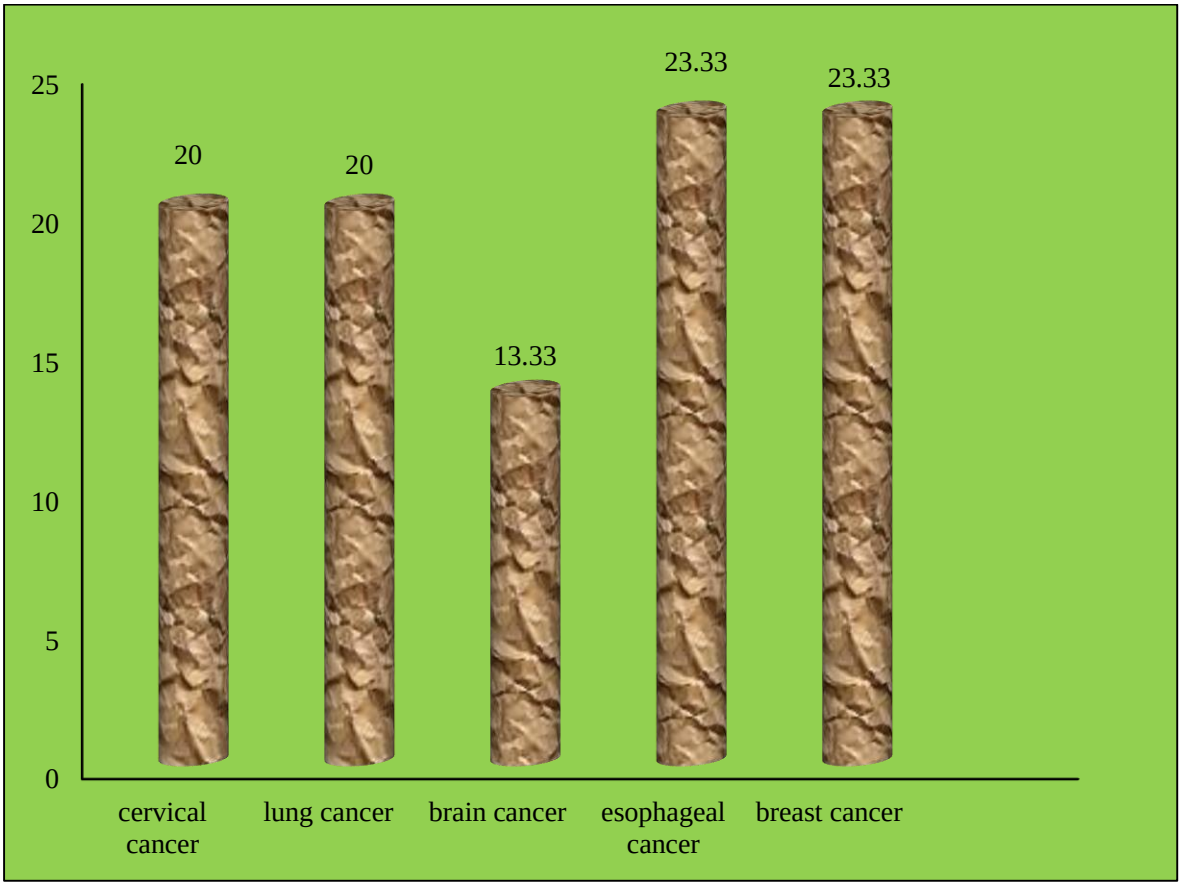


Figure 12: A cylinder diagram quotes the distribution of cancer patients with depression according to their type of family.

Majority of the patients 7 (23.33%) had breast cancer, 7 (23.33%) had esophageal cancer, 6 (20.00%) had lung cancer, 6 (20.00%) had cervical cancer and remaining 4 (13.33%) had brain cancer.

Distribution of subjects according to duration of illness

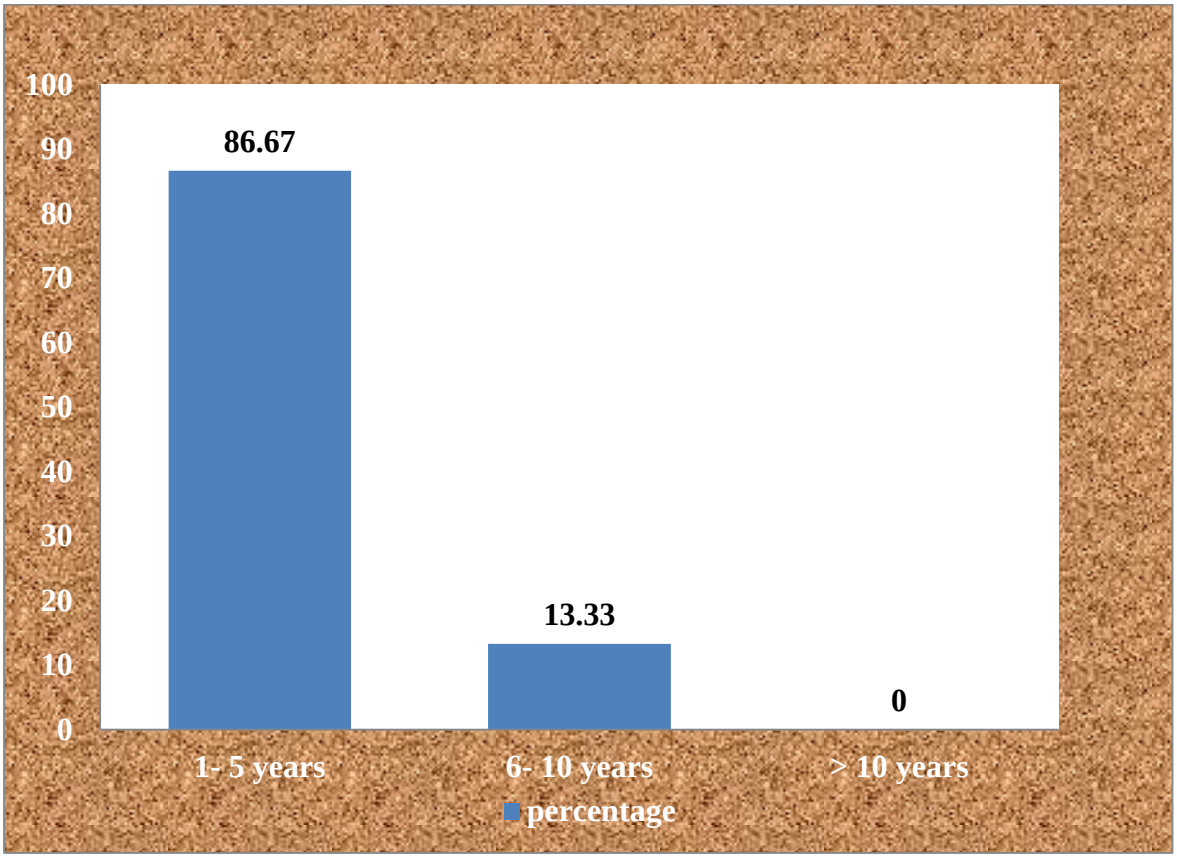


Figure13: A bar diagram quotes the distribution of cancer patients with depression according to their duration of illness.

Majority of the patients 26 (86.67%) had 1-5 years, 4 (13.33%) had 6-10 years and none of them had more than 10 years of illness.

Distribution of subjects according to mode of treatment

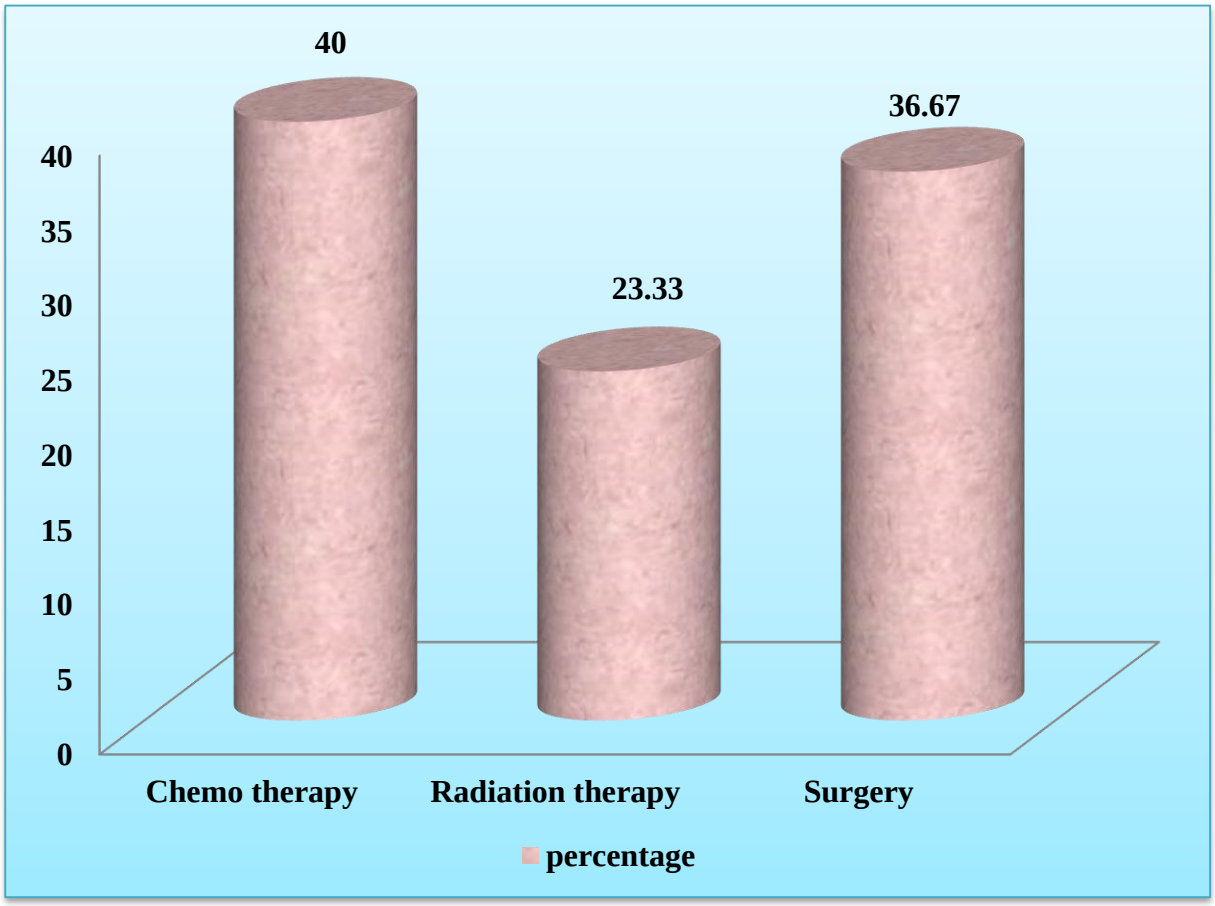


Figure 14: A cylinder diagram quotes the distribution of cancer patients with depression according to their mode of treatment.

Majority of the patients 12 (40.00%) had chemo therapy, 11 (36.67%) had surgery and 7 (23.33%) had radiation therapy.

Distribution of subjects according to stages of cancer

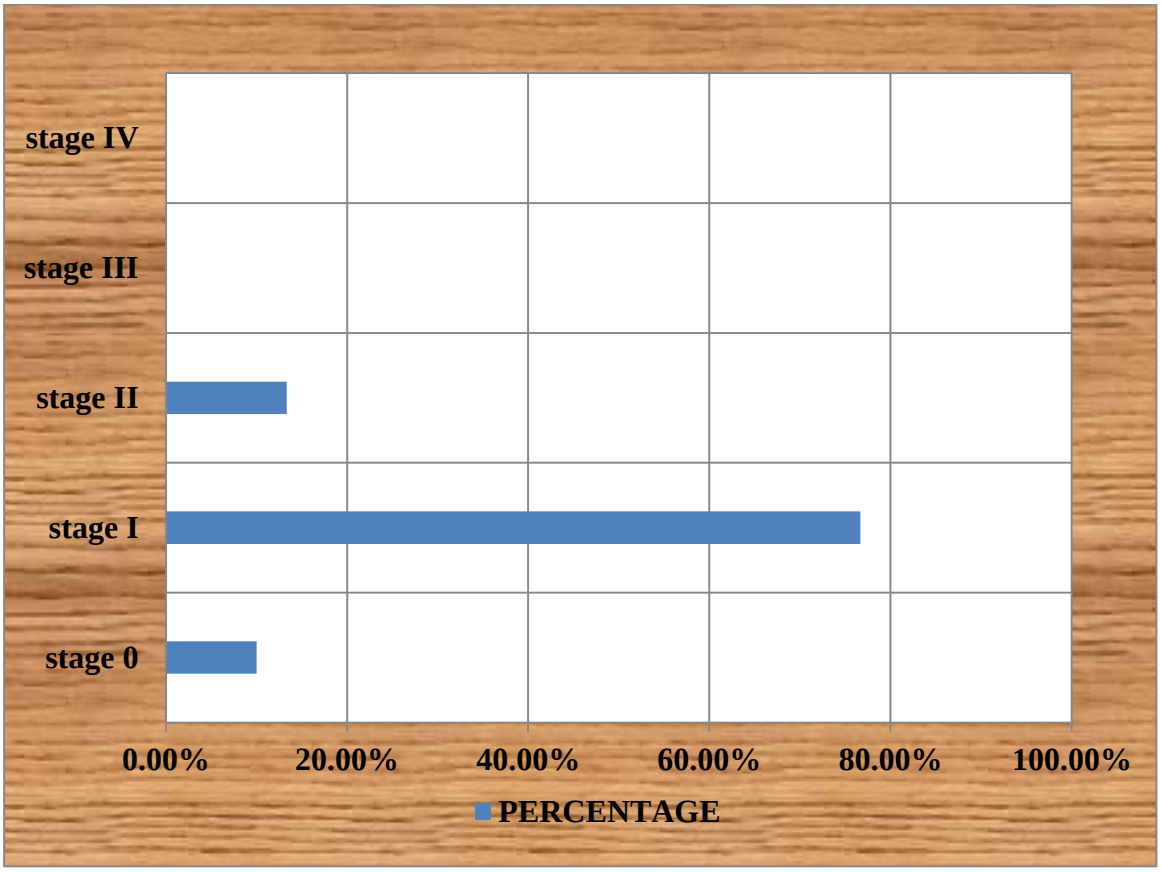


Figure 15: A bar diagram quotes the distribution of cancer patients with depression according to their stages of cancer.

Majority of the patients 23 (76.67%) had I stage, 4 (13.33%) had II stage. 3 (10.00%) had 0 stage and none of them had III or IV.

Distribution of subjects according to family history of psychiatric illness

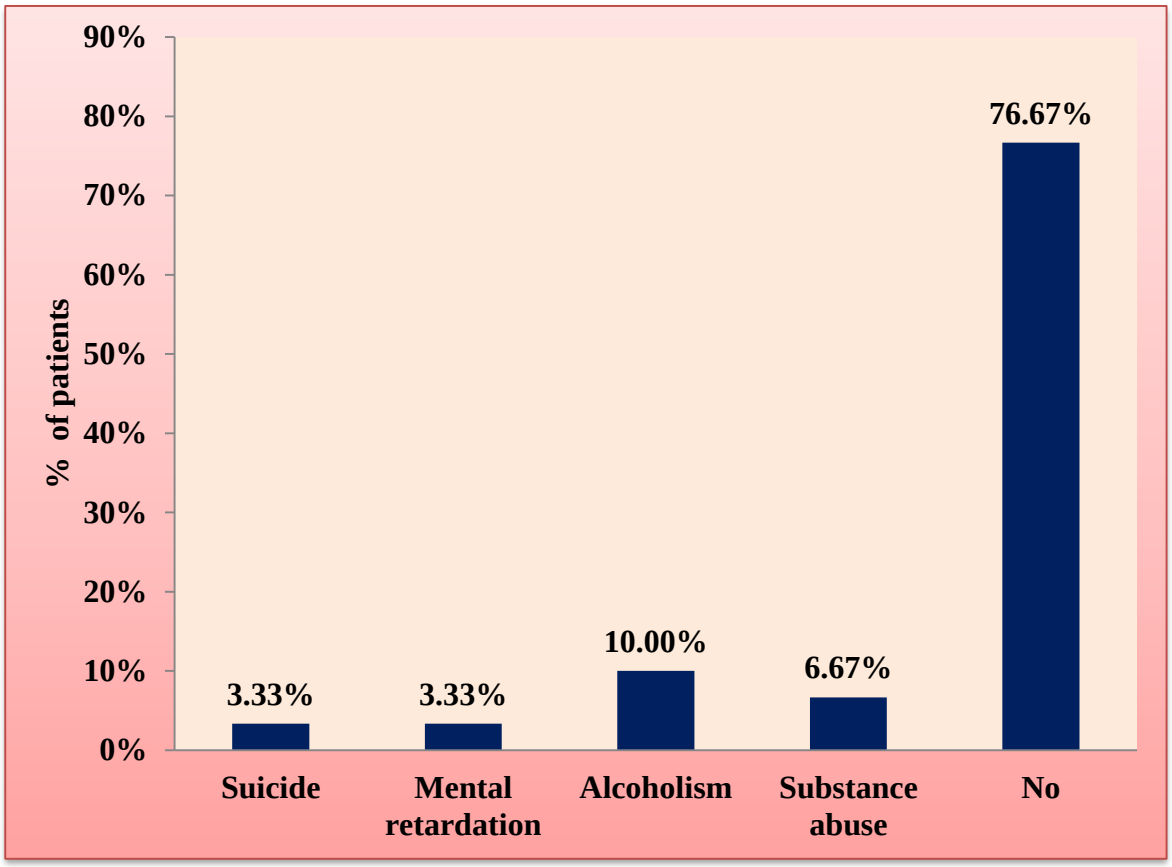


Figure 16: A bar diagram quotes the distribution of cancer patients with depression according to their family history of psychiatric illness.

Majority of the patients 23 (76.67) had no family history 3 (10.00%) had family history of alcoholism, 2 (6.67%) had family history of substance abuse, 1 (3.33%) had family history of suicide, 1 (3.33%) had family history of mental retardation,

Section III

Distribution of cancer patients according to their pre test level of depression

Table 3

Frequency and percentage distribution of cancer patients according to their pre test level of depression

n=30

Level of depression	f	%
Normal	0	0.00%
Mild depression	7	23.33%
Moderate depression	14	46.67%
Severe depression	9	30.00%
Very severe depression	0	0.00%
Total	**30**	**100.0%**

The table-3 shows the pretest level of depression among cancer patients in oncology ward at GRH, Madurai.

In Pretest, majority 14 (46.67%) were had moderate level of depression, 9 (30.00%) were had severe level of depression and remaining 7 (23.33%) were had mild level of depression, and none of them had normal or very severe level of depression.

Pre test level of depression among cancer patients

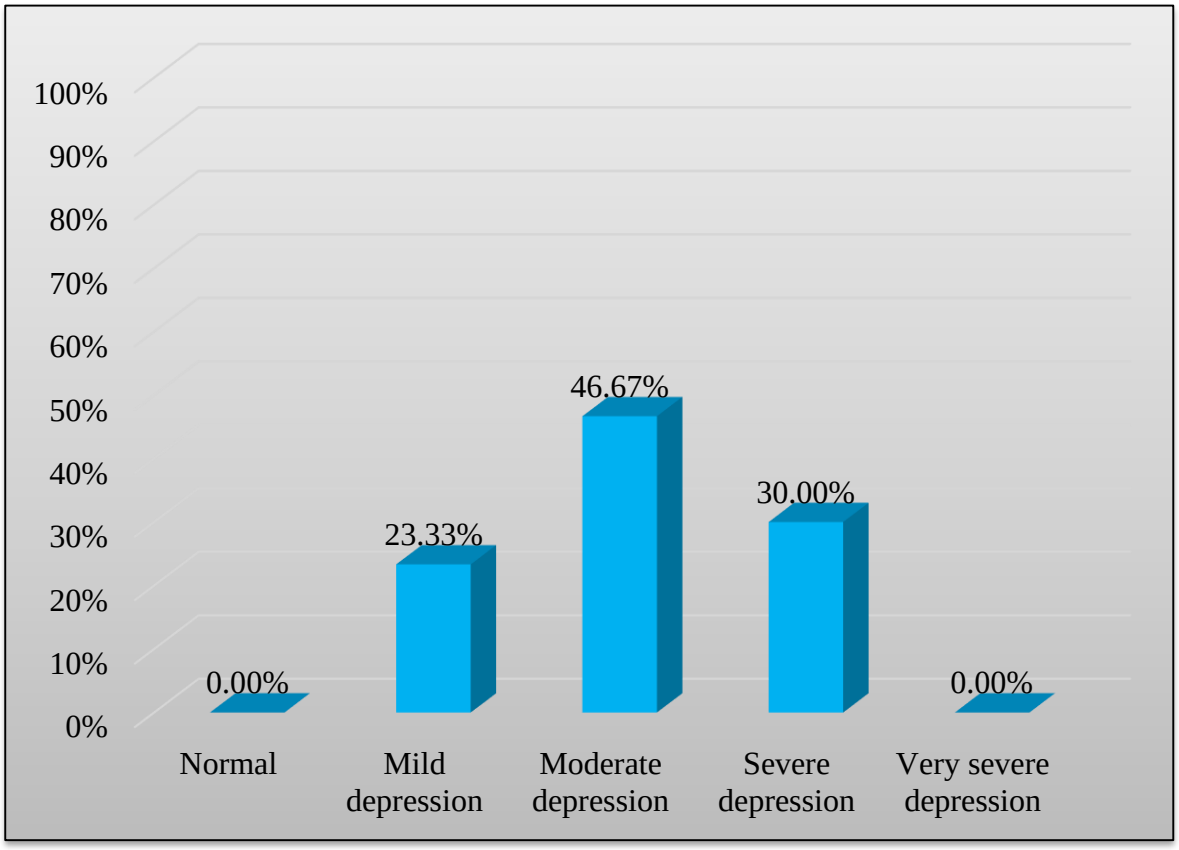


Figure 17: A bar diagram portrays the distribution of cancer patients according to their pre test level of depression

In Pretest, majority 14 (46.67%) were had moderate level of depression, 9 (30.00%) were had severe level of depression and remaining 7 (23.33%) were had mild level of depression, and none of them had normal or very severe level of depression.

Section IV

Distribution of cancer patients according to their Post test level of depression

Table 4

Frequency and percentage distribution of cancer patients according to their post test level of depression

n = 30

Level of depression	f	%
Normal	6	20.00%
Mild depression	15	50.00%
Moderate depression	9	30.00%
Severe depression	0	0.00%
Very severe depression	0	0.00%
Total	**30**	**100.0%**

The table-4 shows the post test level of depression among cancer patients in oncology ward at GRH, Madurai.

In Post test, majority 15 (50%) were had mild level of depression, 9 (30%) were had moderate level of depression and remaining 6 (20%) were had normal level of depression, and none of them had normal severe or very severe level of depression.

Post test level of depression among cancer patients

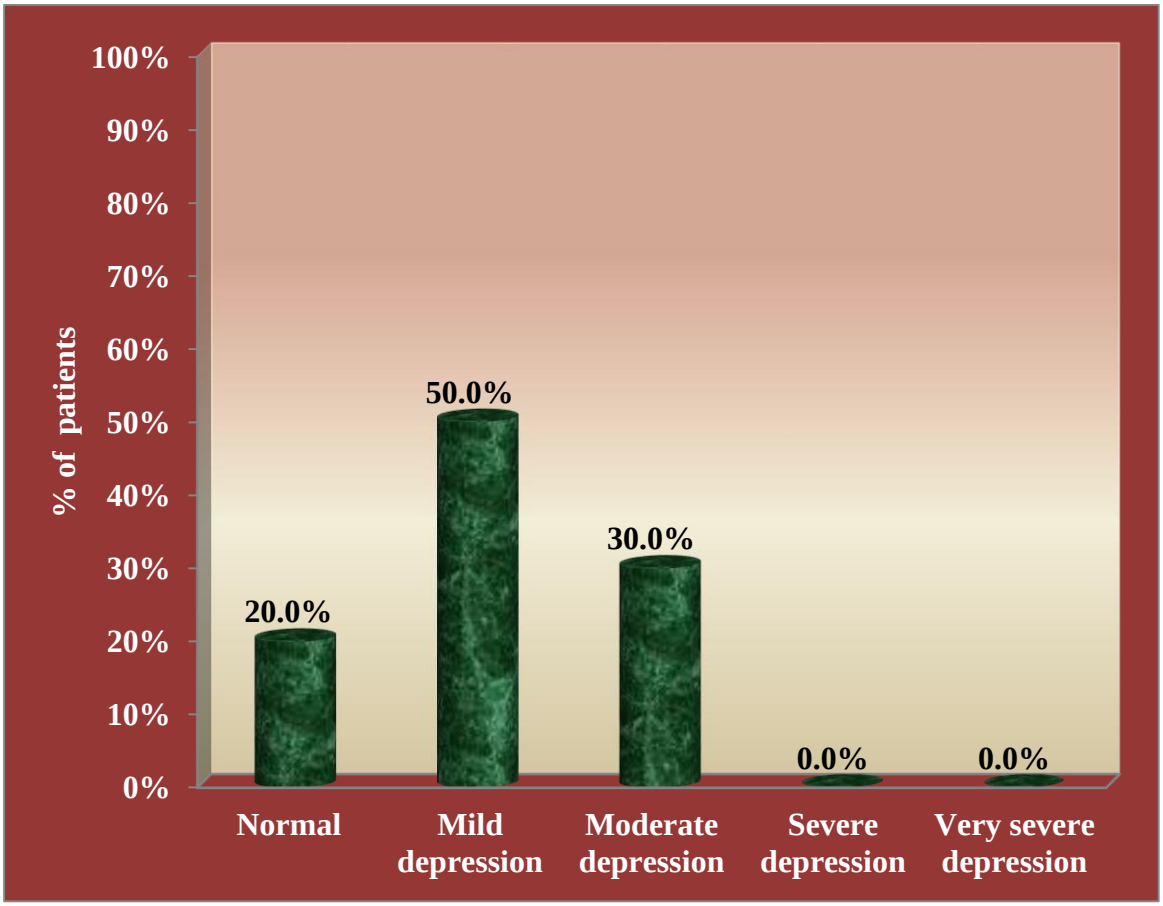


Figure 18: A cylinder diagram portrays the distribution of cancer patients according to their post test level of depression.

In Post test, majority 15 (50%) were had mild level of depression, 9 (30.00%) were had moderate level of depression and remaining 6 (20.00%) were had normal level of depression, and none of them had normal severe or very severe level of depression.

Table 5: Comparison of pre test and post test level of depression among cancer patients

Level of depression	Pre test		Post test		Extended McNemar's test
	f	%	f	%	
Normal	0	0.00%	6	20.00%	
Mild depression	7	23.33%	15	50.00%	
Moderate depression	14	46.67%	9	30.00%	
Severe depression	9	30.00%	0	0.00%	**χ2=29.00 P=0.001*** **
Very severe depression	0	0.00%	0	0.00%	
Total	**30**	**100.0%**	**30**	**100.0%**	

The table – 5 shows the pretest and post test level of depression among cancer patients in oncology ward at GRH, Madurai.

In Pretest, majority 14 (46.67%) were had moderate level of depression, 9 (30.00%) were had severe level of depression and remaining 7 (23.33%) were had mild level of depression, and none of them had normal or very severe level of depression.

In Post test, majority 15 (50%) were had mild level of depression, 9 (30.00%) were had moderate level of depression and remaining 6 (20.00%) were had normal level of depression, and none of them had normal, severe or very severe level of depression.

Comparison of pre test and post test level of depression among cancer patients

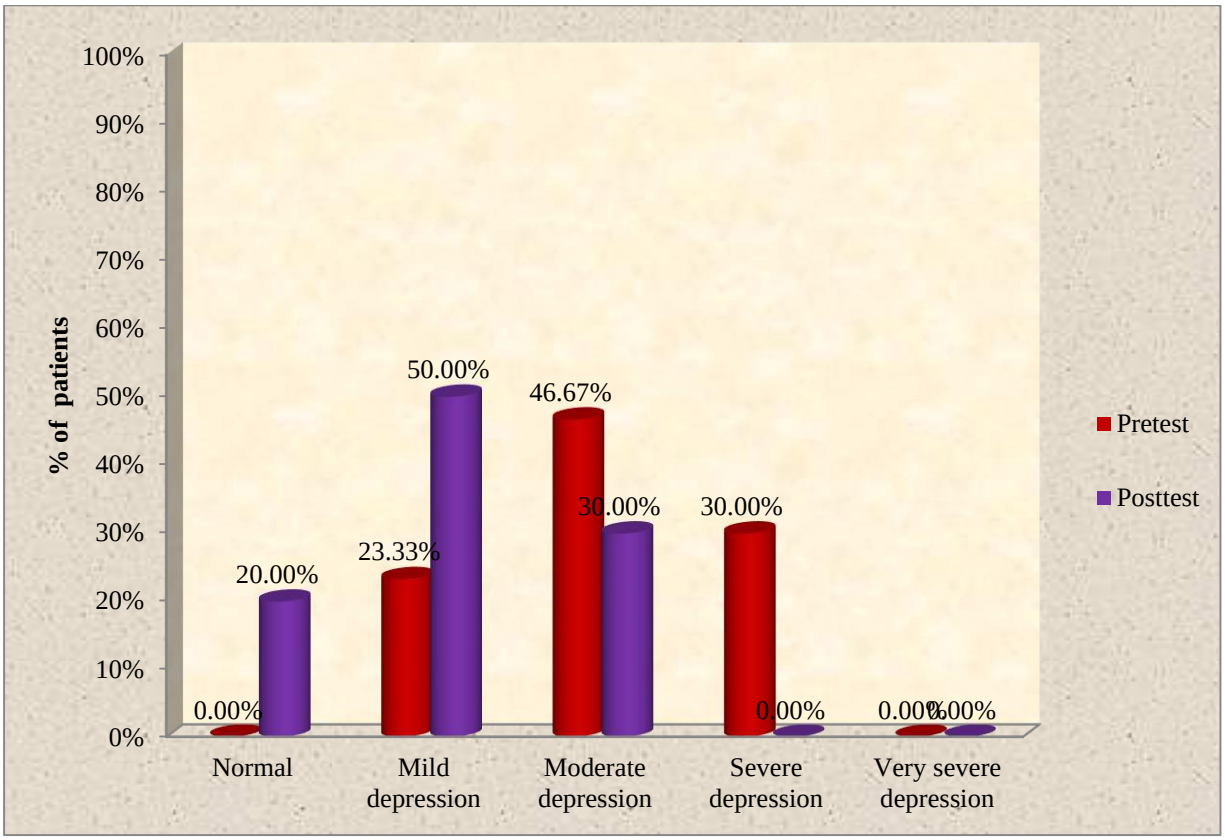


Figure 19: A bar diagram portrays the pre test and post test level of depression among cancer patients.

In Pretest, majority 14 (46.67%) were had moderate level of depression, 9 (30.00%) were had severe level of depression and remaining 7 (23.33%) were had mild level of depression, and none of them had normal or very severe level of depression.

In Post test, majority 15 (50%) were had mild level of depression, 9 (30.00%) were had moderate level of depression and remaining 6 (20.00%) were had normal level of depression, and none of them had normal, severe or very severe level of depression.

Section V

Describe Comparison of depression score among cancer patients before and after self affirmation technique

Table 6

Comparison of depression score among cancer patients before and after self affirmation technique

	No. of *patients*	**Pre test Mean±SD**	**Post test Mean±SD**	**Mean difference Mean±SD**	**Student's paired t-test**
Score	30	17.00 ± 3.69	12.67 ± 3.84	4.33 ± 0.84	t=28.11 P=0.001*** DF = 29, significant

***** very high significant at P≤0.001**

The above table 6 reveals Pre test, post test depression score among depression patients undergoing self affirmation technique.

In pre test, depression among cancer patients had pre test mean score 17.00 with 3.69 SD where as in the post test mean score 12.67 with SD 3.84. The mean difference was 4.33 and calculated 't' value =28.11 at "P" level 0.001. This reduction of depression score is statistically significant. Statistical significance was calculated using students paired 't' test.

Comparison of pre test and post test level of depression score among cancer patients before and after self affirmation technique

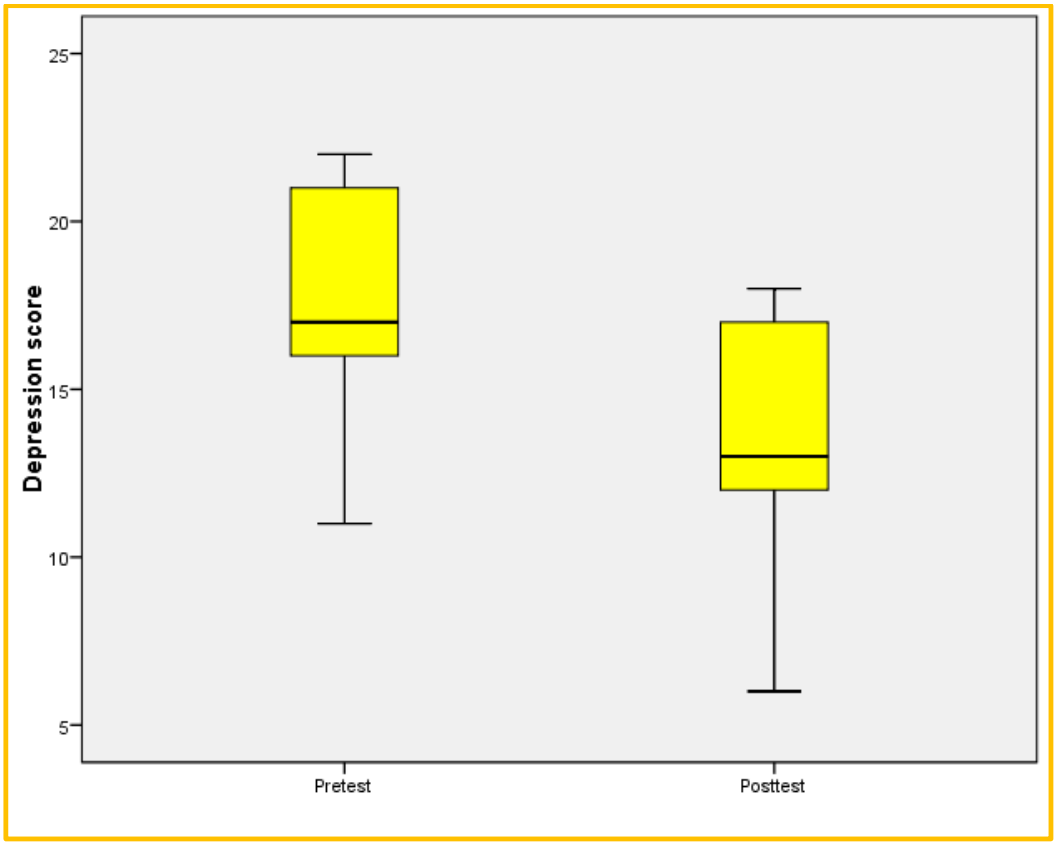


Figure 20: Box plot diagram portrays the mean depression score between pre test and post test among cancer patients. The pre test depression score was 17.00 with the standard deviation 3.69, whereas post test mean depression score was 12.67, with a standard deviation 3.84, mean difference is 4.33.

Table 7: Effectiveness of self affirmation technique on depression among cancer patients.

	Mean score	Mean reduction score	Percentage of reduction score
Pretest	17.00	4.33	25.47%
Posttest	12.67		

Above the table 7 reveals the percentage of depression reduction score among cancer patients

On an average cancer patients in oncology ward, in post test they were had 25.47 % of depression reduction score. Mean reduction score 4.33 and percentage of reduction score from post test value 25.47 %.

SECTION VI

Describe association between post test level of depression among cancer patients with their selected socio demographic variables

Table 8

Association between post test level of depression among cancer patients with their selected socio demographic variables

Socio Demographic variables	Post test level of depression score						f	χ^2
	Normal		Mild depression		Moderate depression			
	f	%	f	%	f	%		
Age								
< 20 years	0	0.0%	0	0.0%	0	0.0%	0	
21-40 years	0	0.0%	1	20.0%	4	80.0%	5	**χ^2=9.56**
41-60 years	2	14.3%	8	57.1%	4	28.6%	14	**P=0.05*(S)**
> 60 years	4	36.3%	6	54.5%	1	9.2%	11	
Sex								
Male	1	5.0%	11	55.0%	8	40.0%	20	**χ^2=9.10**
Female	5	50.0%	4	40.0%	1	10.0%	10	**P=0.01**(S)**
Religion								
Hindu	5	20.0%	13	52.0%	7	28.0%	25	χ^2=2.99
Christian	0	0.0%	2	66.7%	1	33.3%	3	P=0.55(NS)
Muslim	1	50.0%	0	0.0%	1	50.0%	2	
Area of living								
Rural	1	9.0%	5	45.5%	5	45.5%	11	**χ^2=10.75**
Urban	5	38.4%	4	30.8%	4	30.8%	13	**P=0.05*(S)**
Semi urban	0	0.0%	6	100.0%	0	0.0%	6	
Education								
No formal education	1	12.5%	3	37.5%	4	50.0%	8	
Primary education	2	22.2%	5	55.6%	2	22.2%	9	
High school education	1	25.0%	1	25.0%	2	50.0%	4	χ^2=5.36 P=0.71(NS)
Higher secondary	1	20.0%	4	80.0%	0	0.0%	5	
Graduate and above	1	25.0%	2	50.0%	1	25.0%	4	

Occupation								
Government employee	**1**	**33.3%**	**1**	**33.3%**	**1**	**33.3%**	**3**	
Private employee	1	20.0%	3	60.0%	1	20.0%	5	$\chi 2=6.44$
Self employment	0	0.0%	2	100.0%	0	0.0%	2	P=0.49(NS)
Daily wages	4	26.7%	5	33.3%	6	40.0%	15	
Home maker	0	0.0%	4	80.0%	1	20.0%	5	
Family income per month								
<Rs. 3000	1	10.0%	4	40.0%	5	50.0%	10	
Rs.3001 – 5000	2	25.0%	4	50.0%	2	25.0%	8	$\chi 2=3.81$
Rs.5001 – 7000	1	16.7%	4	66.7%	1	16.7%	6	P=0.70(NS)
> Rs.7000	2	33.3%	3	50.0%	1	16.7%	6	
Marital Status								
Married	6	24.0%	11	44.0%	8	32.0%	25	
Unmarried	0	0.0%	2	66.7%	1	33.3%	3	$\chi 2=3.19$
Widower	0	0.0%	2	100.0%	0	0.0%	2	P=0.52(NS)
Separated	0	0.0%	0	0.0%	0	0.0%	0	
Type of family								
Nuclear family	1	5.6%	9	50.0%	8	44.4%	18	**$\chi 2=9.40$**
Joint family	3	33.3%	5	55.6%	1	11.1%	9	**P=0.05*(S)**
Extended family	2	66.7%	1	33.3%	1	33.3%	3	
Habits								
Drinking habits	2	28.6%	3	42.9%	2	28.6%	7	
Smoking habits	0	0.0%	3	100.0%	0	0.0%	3	$\chi 2=4.43$
Fast food	1	25.0%	1	25.0%	2	50.0%	4	P=0.61(NS)
No	3	18.8%	8	50.0%	5	31.3%	16	
Type of cancer								
Brest cancer	3	42.9%	2	28.6%	2	28.6%	7	
Cervical cancer	0	0.0%	3	50.0%	3	50.0%	6	
Lung cancer	0	0.0%	4	66.7%	2	33.3%	6	$\chi 2=7.02$
Brain cancer	1	25.0%	2	50.0%	1	25.0%	4	P=0.53(NS)
Esophageal cancer	2	28.6%	4	57.1%	1	14.3%	7	
Duration of illness								
1- 5 years	4	15.4%	14	53.8%	8	30.8%	26	$\chi 2=2.69$
6- 10 years	2	50.0%	1	25.0%	1	25.0%	4	P=0.26(NS)
> 10 years	0	0.0%	0	0.0%	0	0.0%	0	

Mode of treatment								
Chemo therapy	1	8.3%	7	58.3%	4	33.3%	12	$\chi 2=3.65$ P=0.45(NS)
Radiation therapy	1	14.3%	3	42.9%	3	42.9%	7	
Surgery	4	36.4%	5	45.5%	2	18.2%	11	
Stages of cancer								
Stage 0	2	66.7%	0	0.0%	1	33.3%	3	$\chi 2=6.50$ P=0.16(NS)
Stage I	4	17.4%	13	56.5%	6	26.1%	23	
Stage II	0	0.0%	2	50.0%	2	50.0%	4	
Stage III	0	0.0%	0	0.0%	0	0.0%	0	
Stage IV	0	0.0%	0	0.0%	0	0.0%	0	
Family history of illness								
Suicide	1	100.0%	0	0.0%	0	0.0%	1	$\chi 2=10.61$ P=0.21(NS)
Mental retardation	0	0.0%	0	0.0%	1	100.0%	1	
Alcoholism	0	0.0%	1	33.3%	2	66.7%	3	
Substance abuse	0	0.0%	2	100.0%	0	0.0%	2	
No	5	21.7%	12	52.2%	6	26.1%	23	

Table no 8 shows the association between level of depression among cancer patients with their socio demographic variables.

In order to find out the association between post test level of depression among cancer patients with their selected socio demographic variables, a chi squire analysis was done. As indicated there was a association between level of depression and their selected socio demographic variables. Such as **age** ($\chi 2=9.56 P=0.05*(S)$, **sex** ($\chi 2=9.10 P=0.01**(S)$, **area of living** ($\chi 2=10.75 P=0.05*(S)$, **type of family** ($\chi 2=9.40 P=0.05*(S)$. No other variables had significance association with depression level among cancer patients who is undergone self affirmation technique. It was confirmed by using chi squire test

Association between post test level of depression according to age

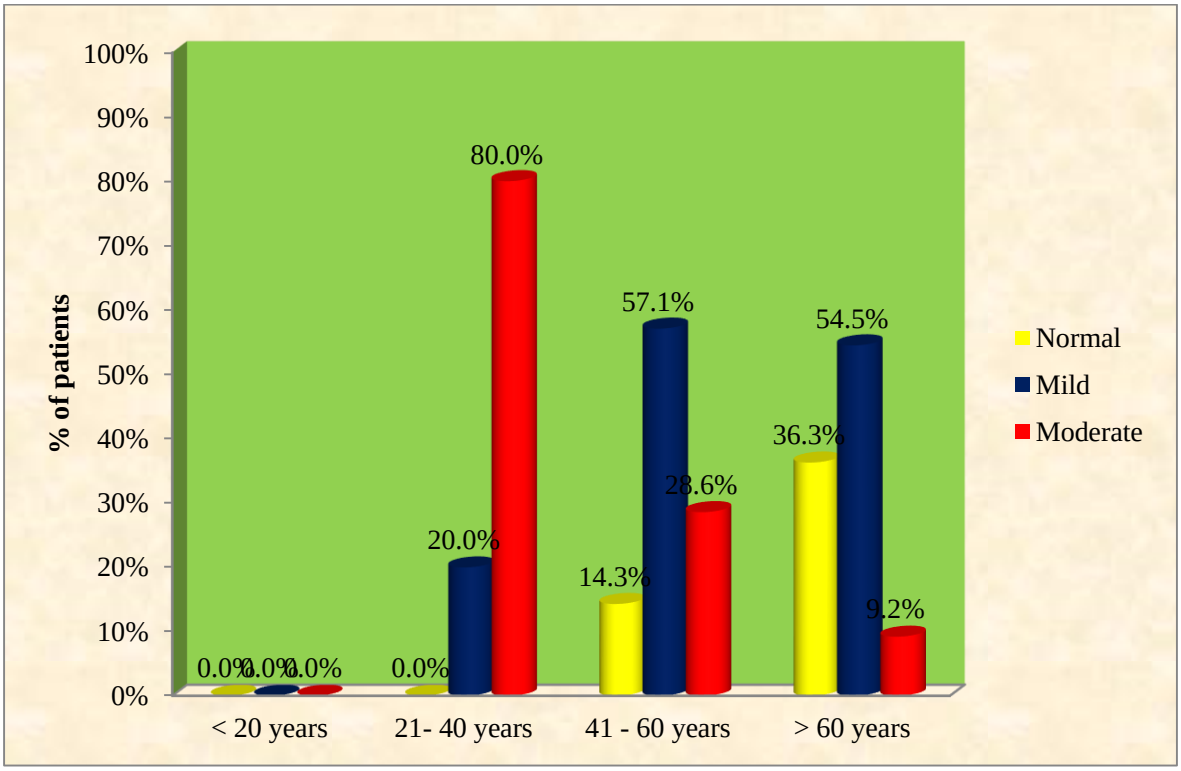


Figure21: A multiple cylinder diagram portrays the association between the level of depression among cancer patient according to their age.

The above figure depicts an association between level of depression among cancer patients with their selected socio demographic variables, the age group between 41-60 years were reduced more depression score than other age groups

Association between post test level of depression according to gender

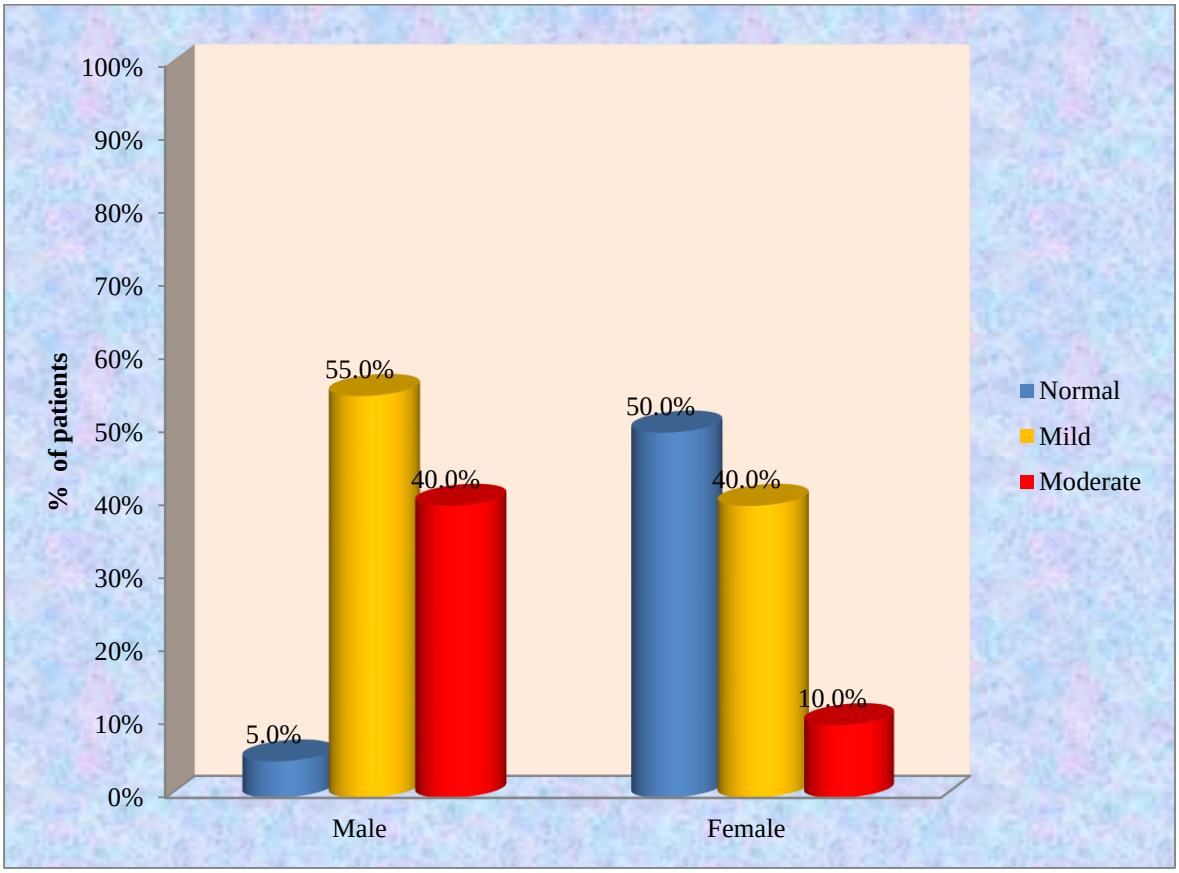


Figure 22: A multiple cylinder diagram portrays the association between level of depression among cancer patients according to their sex.

The above figure depicts an association between level of depression among cancer patients with their selected socio demographic variables, according to the gender, the male were reduced more depression score than female.

Association between post test level of depression according to area of living

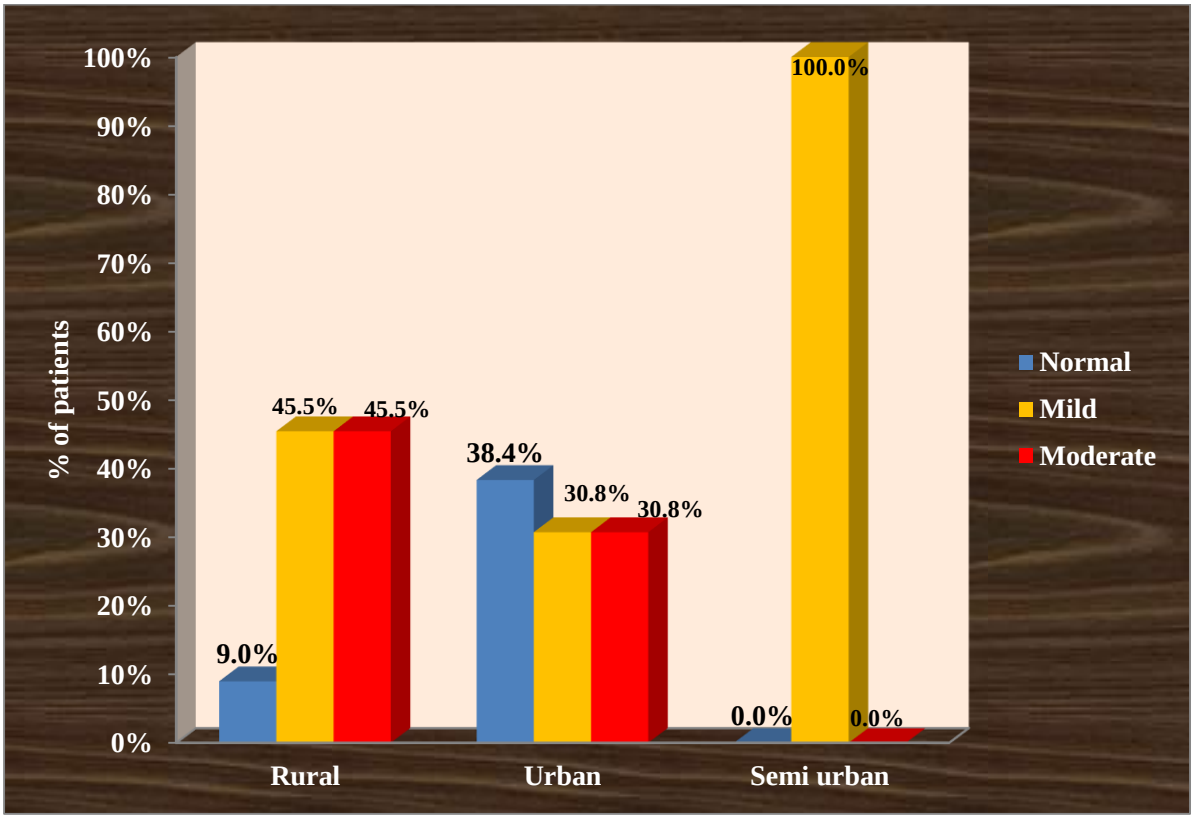


Figure 23: A multiple bar diagram portrays the association between level of depression among cancer patients according to their area of living.

The above figure depicts an association between level of depression among cancer patients with their selected socio demographic variables, according to their area of living, subjects living in urban were reduced, more depression score than other area living.

Association between post test level of depression according to type of family

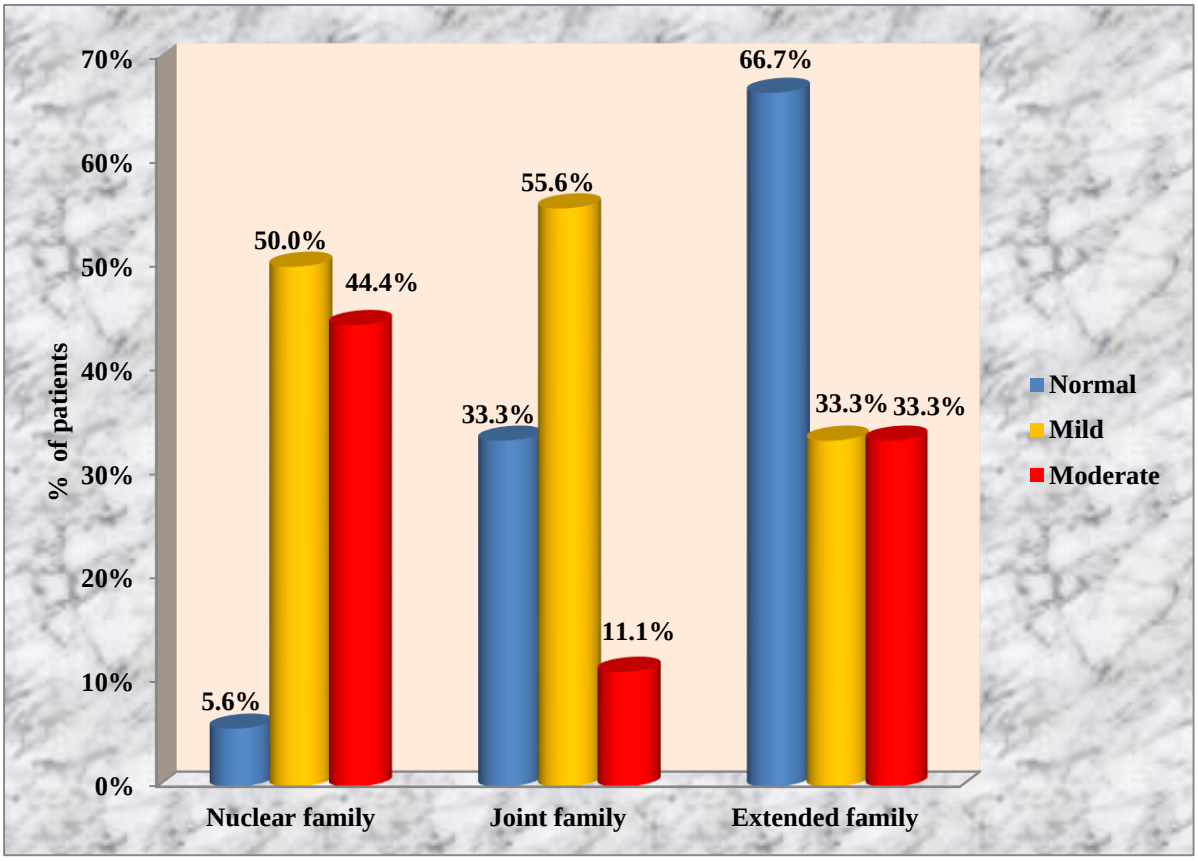


Figure 24: A multiple cylinder diagram portrays the association between level of depression among cancer patients according to their type of family

The above figure depicts an association between level of depression among cancer patients with their selected socio demographic variables, according to their type of family sample living in nuclear family were reduced, more depression score than other type of family.

DISCUSSION

CHAPTER – V

DISCUSSION

This chapter discussed about the result of the study interpreted from the statistical analysis. Self affirmation technique was originally developed as a way of reducing depression. This leads to increase the secretion of neuro transmitters, serotonin, nor epinephrine and then reduce the level of depression. This can help to changes in the mood, guilt, anxiety and increase an individual's sense of well-being. Self affirmation technique has been investigated for its potential benefit for individuals who experiences depression and its related disorders. It is a very useful in reducing depression in various situations.

The effort of this study was to evaluate the effectiveness of Self affirmation technique on depression among depression patients admitted in oncology ward at GRH, Madurai. 30 samples were selected by Non Probability sampling (consecutive sampling) technique. The depression levels of patients were assessed with Standardized **Hamilton Rating Scale for Depression**.

Objectives of the study were,

- To assess the level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai.
- To evaluate the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at Govt. Rajaji Hospital, Madurai.
- To associate the level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai with their selected socio demographic variables.

The following hypotheses were set for the study

All the hypotheses were tested at 0.05 level of significance.

H_1 – The mean post test level of depression will be significantly lower than the mean pre test level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai.

H_2 - There is a statistically significant association between the level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai with their selected demographic variables.

The findings of the study were discussed under the following headings

- Distribution of socio demographic variables among cancer patients with depression undergoing self affirmation technique
- Distribution of baseline variables among cancer patients with depression undergoing self affirmation technique**.**
- Distribution of cancer patients undergoing self affirmation technique according to their pre test level of depression.
- Distribution of cancer patients undergoing self affirmation technique according to their post level of depression.
- Comparison of pretest and post test level of depression.
- Association between post test level of depression score and patients socio demographic variables.

Depression is a common illness in worldwide, with more than 300 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life with moderate or severe intensity. Depression may become a serious mental health condition. It can affected the person to suffer greatly and function poorly at work, at school and in the family. At its worst,

depression can lead to suicide. Close to 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds.

Although there are known, effective treatments for depression, fewer than half of those affected in the world (in many countries, fewer than 10%) receive such treatments like pharmacotherapy, cognitive behaviour therapy and self affirmation technique. The burden of depression and other mental health conditions is on the rise globally. A World Health Assembly resolution passed in May 2013 has called for a comprehensive, coordinated response to mental disorders at country level.

Despite evidence that self affirmation technique is effective and leads to shorter and less costly inpatient treatment, it is rarely used as the first line of treatment and is generally reserved for resistant cases of depression and other psychiatric disorders.

Hence, the study aimed in evaluating the effectiveness of self affirmation technique on depression among depression patients undergoing self affirmation technique.

5.1 Discussion based on the socio demographic variables of cancer patients with depression undergoing self affirmation technique

It is interesting to note that while mentioning about the age group, majority of the patients 14 (46.66 %) belonged the age group between 41-60 years.

Regarding sex, most of the patients 20 (66.67%) were males.

While stating religion, most of the patients 25 (83.33 %) were Hindu.

With regards area of living, majority of the patients 13 (43.33%) were hailed from urban area.

According to educational status, majority of the patients 9 (30.00 %) had studied up to primary education.

While discussing occupation, majority of the patients 15 (50.00%) were daily wages.

With respect of family income per month, majority of the patients 10 (33.33%) earned less than Rs 3000.

As far as marital status, majority of the patients 25 (83.33%) were married

While mentioning type of family, majority of the patients 18 (60.00%) of them hailed from nuclear family.

While discussing habits, majority of the patients 16 (53.33%) had no bad habits.

5.2 Discussion based on the baseline variables of cancer patients with depression undergoing self affirmation technique

Regarding type of cancer, majority of the patients 7 (23.33%) had Brest cancer 7 (23.33%) had Oesophageal cancer.

Regarding duration of illness, majority of the patients 26 (86.67%) had 1-5 years duration of illness.

Regarding Mode of treatment, majority of the patients 12 (40.00%) had chemo therapy.

Regarding stages of cancer, majority of the patients 23 (76.67%) had stage I cancer.

Regarding family history of illness, majority of the patients 23 (76.67) had no family history.

5.3 Discussion of the study based on its objectives

The first objective of the study was to assess the level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai.

Hamilton Rating Scale for Depression was used to assess the level of depression among cancer patients. In the Pretest, majority 14 (46.67%) were had moderate level of depression, 9 (30.00%) were had severe level of depression and remaining 7 (23.33%) were had mild level of depression, and none of them had normal or very severe level of depression.

The present study findings was supported, as it is by **A. M. H. Krebber,** Conducted a meta analysis, A total of 211 studies met the inclusion criteria. Pooled mean prevalence of depression was calculated using Comprehensive Meta Analysis Hospital Anxiety and Depression Scale—depression subscale (HADS-D)≥8, HADS-D≥11, Center for Epidemiologic Studies≥16, and (semi-)structured diagnostic interviews were used to define depression in 66, 53, 35 and 49 studies, respectively. Respective mean prevalence of depression was 17% (95% CI =16–19%), 8% (95% CI =7–9%), 24% (95% CI = 21–26%), and 13% (95% CI = 11–15%) ($p<0.001$). Prevalence of depression ranged from 3% in patients with lung cancer to 31%in patients with cancer of the digestive tract, on the basis of diagnostic interviews. Prevalence of depression was highest during treatment 14% (95% CI = 11–17%), measured by diagnostic interviews, and 27% (95% CI =25–30%), measured by self-report instruments. In the first year after diagnosis, prevalence of depression measured with diagnostic interviews and self-report instruments were 9% (95% CI =7–11%) and 21% (95% CI = 19–24%), respectively, and they were 8% (95% CI = 5–12%) and 15% (95% CI =13–17%) ≥1 year after diagnosis.

It was also supported the study conducted by **Mary Jane Massie** in Prevalence of Depression in Patients with Cancer. Study was selecting 150 sample depression with cancer patients Hospital Anxiety and Depression Scale (HADS) used to assess depression in cancer patients since the 1960s, the reported prevalence (major

depression, 0%–38%; depression spectrum syndromes, 0%–58%) varies significantly because of varying conceptualizations of depression, different criteria used to define depression, differences in methodological approaches to the measurement of depression, and different populations studied. Depression is highly associated with oropharyngeal (22%–57%), pancreatic (33%–50%), breast (1.5%– 46%), and lung (11%– 44%) cancers. A less high prevalence of depression is reported in patients with other cancers, such as colon (13%–25%), gynecological (12%–23%), and lymphoma (8%–19%).

The second objective of the study was to evaluate the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at Govt. Rajaji Hospital, Madurai.

The intervention self affirmation technique created a vast difference in scores obtained by cancer patients between the pre test and post test level of depression.

In Pretest, majority 14 (46.67%) were had moderate level of depression, 9 (30.00%) were had severe level of depression and remaining 7 (23.33%) were had mild level of depression, and no one had normal or very severe level of depression.

In Post test, majority 15 (50%) were had mild level of depression, 9 (30.00%) were had moderate level of depression and remaining 6 (20%) were had normal level of depression, and no one had normal, severe or very severe level of depression

Statistically there is a significant difference between pre test and post test level of depression. Statistical significance was calculated by using Chi square test.

In order to find out the effect of self affirmation technique, repeated measures Extended McNemar's Chi square test was done. In pre test, cancer patients had 17.00 mean score with 3.69 SD where as in the post test 12.67 mean score with SD 3.84. The mean difference was 4.33 calculate 't' value 28.11 at "p" level 0.001.This

reduction of depression score is statistically significant. Statistical significance was tested using repeated measures analysis of student paired t test.

On an average cancer patients in oncology ward, in post test they were had 25.47 % of depression reduction score. Mean reduction score 4.33 and percentage of reduction score from post test value 25.47 %.

The findings were congruent with the study findings of **J. David Creswell,** in Self-Affirmation, cognitive processing, or discovery of meaning explain cancer-related health benefits of expressive writing, consistent with hypotheses, we observed a significant main effect of chronic depression on RAT performance (b=2.45, t(72) =22.75, p= .008), such that participants with higher stress in the last month had lower problem-solving performance. Moreover, we observed a significant main effect for self-affirmation condition, (b= .31,t(72) = 2.88, p= .005), such that affirmed participants performed significantly better on the RAT task than control participants (Figure 1). Consistent with our self-affirmation depression buffering hypotheses, these main effects were qualified by a significant chronic stress 6self-affirmation interaction on RAT problem-solving performance (b= .35, t(72) = 2.09, p= .041).

It was also supported the study conducted by **Emily B. Falk, et al., (2014)** in self-affirmation increases self-compassion and pro-social behaviors. Measured physical activity using wrist worn accelerometers (Methods and SI Methods). At baseline, participants were sedentary an average of 50.6% of their valid/awake time (SD, 14.0%; range, 21 - 84%), which is close to the national average (53). On average, controlling for baseline sedentary behavior and demographics, participants showed significant declines in their sedentary behavior over time in the month following exposure to the health message intervention ($\gamma = -0.001$; $t = -3.49$; $P = 0.0005$). Effects of Affirmation on Brain Activity and on Behavior Change. Those

who were in the affirmation condition decreased their sedentary behavior more over time following exposure to health messages (condition by time), compared with those in the control condition (γ time × condition = − 0.002, t = − 2.68, P = 0.008)

Hence the stated Hypotheses H_1 - The mean post test level of depression will be significantly lower than the mean pre test level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai was accepted.

The third objective of the study was to associate the level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai with their selected socio demographic variables.

In order to find out the association between the level of depression among cancer patients and their selected socio demographic variables, a Chi square analysis was done.

There was a significant association between the post test level of depression and selected socio demographic variables such as **age** (χ2=9.56P=0.05*), **sex** (χ2=9.10P=0.01**), **area of living** (χ2=10.75P=0.05*), **type of family** (χ2=9.40P=0.05*). Among cancer patients. 41-60 years of male living rural area with nuclear family, were had more reduced depression score than others. No other variables was not significantly associate such as religion, education, occupation, family income, marital status, habits, type of cancer, duration of illness, mode of treatment, stages of cancer, family history of mental illness, area of residency had significant association with depression level among cancer patients undergoing self affirmation technique. It was confirmed by using Chi square test.

The above findings was consistent with the study conducted by **Shalu Rana** the out patient department of oncology, Govt hospital in Pune. 30 clients who came

with their depression for self affirmation technique. Using specially designed semi structured socio- demographic and clinical data sheet, information was collected. Self rating anxiety and depression scale was used. Prevalence of anxiety was 57% and depression was 63%. Earning status and type of family has been significantly associated with high anxiety score and other socio demographic variables i.e. gender, religion, education and marital status were not associated with high anxiety score among depressive clients. Out of all socio demographic variables only age of clients was significantly associated with high depression score (67%).

Hence the stated hypotheses - H_2: "There is a statistically significant association between the depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai. with their selected socio demographic variables was accepted.

The results of present study imply that adding a self affirmation technique has contributed more benefits which in turn reduced depression among cancer patients. Participants gained knowledge and the ways to cope up with the depressed situations, when the need in crisis and depressed conditions.

SUMMARY
&
CONCLUSION

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter narrates the summary of the study and conclusion drawn. It also clarifies the limitations of the study, the implications for different areas like nursing education, nursing service administration, nursing practice, and nursing research. It provides the recommendations made based on the study.

6.1 Summary of the study

The present study was undertaken to evaluate the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at Govt. Rajaji Hospital, Madurai.

The objectives of the study were

- To assess the level of depression among cancer patients admitted oncology ward at Govt. Rajaji Hospital, Madurai.
- To evaluate the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at Govt. Rajaji Hospital, Madurai.
- To associate the level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai. with their selected socio demographic variables.

The following hypotheses were tested at 0.05 level of significance.

H_1 – The mean post test level of depression will be significantly lower than the mean pre test level of depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai.

H_2 - There is a statistically significant association between the depression among cancer patients admitted in oncology ward at Govt. Rajaji Hospital, Madurai. with their selected socio demographic variables.

The study assumption was

- Chronic ill patients may have various emotional problems such as fear, anxiety, irritable, anger.
- Cancer patients have experience of varying level of depression.

The conceptual model of the study was based on modified "Ida Jean Orlando's professional response theory", Pre experimental one group pre test and post test design was used in this study. The study consist of 30 cancer patients in oncology ward at Government Rajaji Hospital, Madurai. Non-Probability (consecutive sampling) technique was used to select the samples and assessed by HDRS Hamilton depression rating scale. After testing the validity and reliability of the tool a pilot study was conducted on 5 non study subjects in oncology ward at GRH, Madurai, to find out the feasibility and practicability, the main study was conducted from 04.06.2018 to 30.06.2018. Self affirmation technique was given for 15 – 20 minutes twice a day for 5 consecutive days, based on objectives and hypotheses. The data was analyzed by using both descriptive and inferential statistics.

The data collection tool consisted of three parts.

Part-I

It consisted of socio demographic variables age, sex, religion, area of living, education, occupation, family income per month, marital status, type of family, habits

Part-II

It consisted of base line variables type of cancer, duration of illness, mode of treatment, stages of cancer, family history of psychiatric illness.

Part-II

Consisted of Hamilton depression rating scale

Consist of 21 items questionnaire ranging from 0 to 4, which was designed to measure the level of depression. 10 items are scored on a 5 point ranging from 0 = not present to 4 = very severe, 2 items are scored on a 4 point scale ranging from 0=not present to 3=severe, 9 items are scored on a 3 point scale 0 = not present to 2 = moderate. The minimum score is 0 and maximum score is 66. Which was designed to assess the level of depression.

The tool was validated by experts in the field of Psychiatric Nursing, Psychiatry, statistics, and Psychology. Data collection was done by using the prescribed tool to assess the level of depression. Pretest was done on day 1 followed by self affirmation technique was given by the researcher 15 – 20 minutes twice a day daily for 5 days, post test was done on 6^{th} day by using the same Hamilton depression rating scale.

Collected data was analyzed by using both descriptive statistics (Mean, Standard Deviation, Frequency and Percentage) and inferential statistics (Paired 't', Chi-Square) and results were analyzed.

6.2 Major findings of the study

It is interesting to note that while mentioning about the age group, majority of the patients 14(46.66 %) belonged the age group between 41-60 years.

Regarding sex, most of the patients 20 (66.67%) were males.

While stating religion, most of the patients 25 (83.33 %) were Hindu.

With regards area of living, majority of the patients 13 (43.33%) were hailed from urban area.

According to educational status, majority of the patients 9 (30.00 %) had studied up to primary education.

While discussing occupation, majority of the patients 15 (50.00%) were daily wages.

With respect of family income per month, majority of the patients 10 (33.33%) earned an income < Rs 3000.

As far as marital status, majority of the patients 25 (83.33%) were married

While mentioning type of family, majority of the patients 18(60.00%) of them hailed from nuclear family.

While discussing habits, majority of the patients 16 (53.33%) had no habits.

Regarding type cancer, majority of the patients 7 (23.33%) had Brest cancer7 (23.33%) had Oesophageal cancer.

Regarding duration of illness, majority of the patients 26 (86.67%) had illness1-5 years.

Regarding Mode of treatment, majority of the patients 12 (40.00%) had chemo therapy.

Regarding stages of cancer, majority of the patients 23 (76.67%) had stage I cancer.

Regarding family history of illness, majority of the patients 23 (76.67) had no family history.

Hamilton Rating Scale for Depression was used to assess the level of depression among cancer patients. In the Pretest, majority 14 (46.67%) were had moderate level of depression, 9(30.00%) were had severe level of depression and remaining 7 (23.33%) were had mild level of depression, and no one had normal and very severe level of depression.

In Post test, majority 15 (50%) were had mild level of depression, 9 (30.00%) were had moderate level of depression and remaining 6 (20%) were had normal level of depression, and no one had normal severe and very severe level of depression

Statistically there is a significant difference between pre test and post test. Statistical significance was calculated by using Chi square test.

In order to find out the effect of self affirmation technique, repeated measures Extended McNemar's Chi square test was done between pre test and post test score. In pre test, depression patients had 17.00 mean score with 3.69 SD where as in the post test 12.67 mean score with SD 3.84. The mean difference Mean ± SD was 4.33 ± 0.84 and t = 28.11 at "p" level 0.001. This reduction of depression score is statistically significant. Statistical significance was tested using repeated measures analysis of student paired t test.

On an average cancer patients in oncology ward, in post test they were had 25.47 % of depression reduction score. Mean reduction score 4.33 and percentage of reduction score from post test value 25.47 %.

There was a significant association between the post test level of depression and selected socio demographic variables such as **age** (χ2=9.56P=0.05*), **sex** (χ2=9.10P=0.01**), **area of living** (χ2=10.75P=0.05*), **type of family** (χ2=9.40P=0.05*) among cancer patients.

6.3 Conclusion

It is statistically evidenced that self affirmation technique was effective in reducing the level of depression among cancer patients. It is cost effective complimentary and non - invasive therapy to reduce the level depression among cancer patients.

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6.4 Implications of the study

The section of the research report that focuses on nursing implications usually includes specific suggestions for nursing practice, education, administration and nursing research that can be used in the following areas of profession.

Nursing practice

- The nurses can learn and use accurate assessment on level of depression with the use of Hamilton Depression Rating Scale.
- The study findings will create awareness among the cancer patients about the importance of self affirmation technique and to practice it in reduce the level of depression in their life in future.
- The nurses can understand the importance of self affirmation technique and practice among cancer patients or other patients who is developed depression.
- The nurses can encourage to practice the self affirmation technique as a form of teaching and guiding to reducing the level of depression among cancer patients at hospital or community settings.

Nursing education

- Nursing educator encourage students to learn about the assessment of depression level by using Hamilton depression rating scale and motivate them to practice in their clinical area.
- Teaching personnel's can arrange the demonstration of self affirmation technique through various method of teaching with various A.V aids.
- The health teaching of nursing students can be focused on depression among cancer patients or any other patients having depression during their hospitalization.

Nursing administration

- Nursing Administrators can provide an opportunity for nurses to attend training programme on reducing depression level or self affirmation technique for their personal uses and use for clients in both community and hospital settings.
- Nurse administrator can conduct the in-service education or staff development programme for nurses on self affirmation technique in order to reduce the level of depression among cancer patients in various settings.

Nursing research

- The study findings will encourage, further research studies on the effectiveness of self affirmation technique on depression among cancer patients.
- Based on the same study, research can be conducted on the effectiveness of self affirmation technique on reduce depression level among other patients with more samples.
- The research study can be conducted for 15 days among cancer patients.

6.5 Recommendations

- Based on the findings of the study ,the recommendations offered for future research will be
- A similar study can be conducted with larger sample size and in various other settings.
- A comparative study can be done to assess the effectiveness of self affirmation technique and counseling technique among cancer patients.
- A longitudinal study can be undertaken to see the long term effect of self affirmation technique reducing level of depression.
- Hence the findings of the study could be generalized with caution and can be generalized only to the particular sample and not for all the cancer patients.

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APPENDICES

APPENDIX – I

Ethical committee approval letter

MADURAI MEDICAL COLLEGE
MADURAI, TAMILNADU, INDIA -625 020
(Affiliated to The Tamilnadu Dr.MGR Medical University, Chennai, Tamil Nadu)

Prof Dr V Nagaraajan MD MNAMS DM (Neuro) DSc.,(Neurosciences) DSc (Hons)
Professor Emeritus in Neurosciences, Tamil Nadu Govt Dr MGR Medical University
Chairman, IEC

Dr.M.Shanthi, MD.,
Member Secretary,
Professor of Pharmacology,
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Members

1. Dr.V.Dhanalakshmi, MD,
Professor of Microbiology &
Vice Principal,
Madurai Medical College

2. Dr.Sheela Mallika rani, M.D.,
Anaesthesia , Medical Superintendent Govt. Rajaji Hosptial, Maudrai

3.Dr.V.T.Premkumar,MD(General Medicine) Professor & HOD of Medicine, Madurai Medical & Govt. Rajaji Hospital, College, Madurai.

4.Dr.S.R.Dhamotharan, MS.,
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5.Dr.G.Meenakumari, MD.,
Professor of Pathology, Madurai Medical College, Madurai

6.Mrs.Mercy Immaculate Rubalatha, M.A., B.Ed., Social worker, Gandhi Nagar, Madurai

7.Thiru.Pala.Ramasamy, B.A.,B.L.,
Advocate, Palam Station Road, Selur.

8.Thiru.P.K.M.Chelliah, B.A.,
Businessman,21, Jawahar Street, Gandhi Nagar, Madurai.

ETHICS COMMITTEE CERTIFICATE

Name of the Candidate	:	P.Venkatesan
Course	:	M.Sc., Psychiatric Nursing
Period of Study	:	2016-2018
College	:	MADURAI MEDICAL COLLEGE
Research Topic	:	Assess the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at Govt. Rajaji Hospital, Madurai.
Ethical Committee as on	:	31.03.2018

The Ethics Committee, Madurai Medical College has decided to inform that your Research proposal is accepted.

Member Secretary Chairman Dean / Convener

Prof Dr V Nagaraajan
M.D., MNAMS, D.M., Dsc.,(Neuro), Dsc (Hon)
CHAIRMAN
IEC - Madurai Medical College
Madurai

DEAN
Madurai Medical College
Madurai-20

16 MAY 2018

APPENDIX – II

Content validity certificates

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

SECTION A : Socio demographic data

SECTION B : Hamilton rating scale for depression

Prepared for data collection by P.Venkatesan II Year M.Sc (N) student , College of Nursing , Madurai Medical College, Madurai-20, who has undertaken the study field on thesis entitled **"Assess the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at GRH Madurai"** has been validated by me.

K. Sathiya 23/5/18.

SIGNATURE OF THE EXPERT

Name: K. SATHIYAKALA

Designation: Reader in Nursing. Department of Psychiatric Nursing, Sri Manakula Vinayagar Nursing College,

Institution: Puducherry.

Date: 23/5/18.

CERTIFICATE FOR VALIDATION

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SECTION B : Hamilton rating scale for depression

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G. Gomathy

SIGNATURE OF THE EXPERT

Name: G. Gomathy

Designation:

PRINCIPAL
CHITHIRAI COLLEGE OF NURSING
MADURAI -9

Institution:

Date: 25.05.2018

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

SECTION A : Socio demographic data

SECTION B : Hamilton rating scale for depression

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R. Jancy Rachel Daisy
SIGNATURE OF THE EXPERT

Name: DR. R. JANCY RACHEL DAISY

Designation: PROFESSOR CUM HOD

Institution: C.S.I. JEYARAJ ANNAPACKIAM COLLEGE OF NURSING, PASUMALAI MADURAI-4.

Date: 25.05.2018

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

SECTION A : Socio demographic data

SECTION B : Hamilton rating scale for depression

Prepared for data collection by P.Venkatesan II Year M.Sc (N) student , College of Nursing , Madurai Medical College, Madurai-20, who has undertaken the study field on thesis entitled **"Assess the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at GRH Madurai"** has been validated by me.

SIGNATURE OF THE EXPERT

Name: KAVITHA. R. R.

Designation: Tutor.

Institution: College of Nursing. JIPMER

Date: 23/5/18

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

SECTION A : Socio demographic data

SECTION B : Hamilton rating scale for depression

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SIGNATURE OF THE EXPERT

Name: J. DEEPA, M.Sc(N),
Assistant Professor
Madurai Apollo College of Nursing
Elliyarpathy Village, Madurai - 22

Designation:

Institution:

Date:

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

SECTION A : Socio demographic data

SECTION B : Hamilton rating scale for depression

Prepared for data collection by P.Venkatesan II Year M.Sc (N) student , College of Nursing , Madurai Medical College, Madurai-20, who has undertaken the study field on thesis entitled **"Assess the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at GRH Madurai"** has been validated by me.

SIGNATURE OF THE EXPERT

Dr. T. KUMANAN, M.D.(PSY),DPM
Reg. No. 42857
Professor of Psychiatry / Senior Civil Surgeon
Madurai Medical College / Govt. Rajaji Hospital
Madurai

Name:

Designation:

Institution:

Date: 28.7.2018

CERTIFICATE FOR VALIDATION

This is to certify that the tool and content

SECTION A : Socio demographic data

SECTION B : Hamilton rating scale for depression

Prepared for data collection by P.Venkatesan II Year M.Sc (N) student , College of Nursing , Madurai Medical College, Madurai-20, who has undertaken the study field on thesis entitled **"Assess the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at GRH Madurai"** has been validated by me.

N. Suresh Kumar

SIGNATURE OF THE EXPERT

Name: N. SURESH KUMAR

Designation: N. SURESH KUMAR
M.A., M.Phil.(Clin.Psy)
Asst. Prof, Cum Clinical Psychologist
Dept. of Psychiatry
Govt. Rajaji Hospital, Madurai-2

Institution:

Date:

APPENDIX – III

INFORMED CONSENT FORM

NAME : DATE :

Here I am acknowledging that information regarding the project study topic was explain to me and the positive reason was pointed out. I am voluntarily willing to participate in the study. At any time I am free to exclude from the study and promised that my all personal information should be kept in confidential.

Signature of the participants

ஒப்புதல் அறிக்கை

பெயர்: தேதி:

எனக்கு இந்த ஆய்வைப் பற்றிய முழு விவரம் விளக்கமாக எடுத்துரைக்கப்பட்டது. இந்த ஆய்வில் பங்கு பெறுவதில் உள்ள நன்மைகள் மற்றும் தீமைகள் பற்றி நான் புரிந்துகொண்டேன். நான் இந்த ஆய்வில் தானாகவே முன் வந்து பங்கு பெறுகின்றேன். மேலும் எனக்கு இந்த ஆய்வில் இருந்து எந்த நேரமும் விலகிக் கொள்ள முழு அனுமதி வழங்கப்பட்டுள்ளது. என்னுடைய சிகிச்சை ஆவணங்களைப் பார்வையிட்டு அதில் உள்ள விவரங்களை ஆய்வில் பயன்படுதிக் கொள்ள அனுமதி அளிக்கின்றேன். என்னுடைய பெயர் மற்றும் அடையாளங்கள் ரகசியமாக வைத்துக் கொள்ளப்படும் என்றும் எனக்கு உறுதியளிக்கப்பட்டுள்ளது.

கையொப்பம்

APPENDIX – IV

Letter seeking and granting permission to conduct the pilot and main study at oncology ward, GRH, Madurai

From

P.Venkatesan
II Year M.Sc. (N),
College of Nursing,
Madurai Medical College,
Madurai-20

To

The Professor and HOD,
Department of Oncology,
Government Rajaji Hospital,
Madurai-20

Through, the proper channel,

Respected sir,

Sub: CON, MMC, Madurai II Year M.Sc.(N), Department of Psychiatric Nursing -Permission for conducting pilot study and main study in Oncology ward, GRH, Madurai- Request regarding.

As per the curriculum recommended by the Indian Nursing Council and The Tamilnadu Dr.MGR Medical university of M.Sc.(N) candidates are required to conduct a dissertation study for the partial fulfillment of the course in their respective departments.

I wish to conduct a study topic on **"Assess the effectiveness of self affirmation technique on depression among cancer patients in oncology ward at GRH Madurai"** for my dissertation. I would like to conduct the pilot study and main study in oncology ward, GRH, Madurai from 21st May onwards. I assure you that I will not interfere with the routine activities of the ward.

Hence, I kindly request you to consider my requisition and permit me to conduct the study in oncology, GRH, Madurai.

Thanking you

Place: Madurai
Date: 18/05/2018

Yours Sincerely

P. Venkatesan
[P.VENKATESAN]

DR. S. Rajamani 18/5/18

Forwarded S.P 18/5/18

Permitted

DR. P.N. RAJASEKARAN, M.D.D.M
Reg.No: 57715
Professor And Head
Department of Medical Oncology
Govt, Rajaji Hospital, Madurai

APPENDIX - V

Section - A Socio Demographic Profile

Which you think is correct put it in a box **(✓)**

IP. No : **Date :**

---

1. Age **( )**

a. < 20 years
b. 21- 40 years
c. 41 - 60 years
d. > 61 years

2. sex **( )**

a. Male
b. Female

3. Religion **( )**

a. Hindu
b. Christian
c. Muslim
d. Others

4. Area of living **( )**

a. Rural
b. Urban
c. Semi urban

5. Education **( )**

a. No formal education
b. Primary education
c. High school education
d. Higher secondary
e. Graduate and above

6. Occupation **( )**

a. Government employee
b. Private employee
c. Self employment
d. Daily wages
e. Home maker

7. Family income per month **( )**

a. < 3000

b. 3001 – 5000

c. 5001 – 7000

d. > 7000

8. Marital status **( )**

a. Married

b. Unmarried

c. Widower

d. Separated

9. Type of family **( )**

a. Nuclear family

b. Joint family

c. Extended family

10. Habits **( )**

a. Drinking habits

b. Smoking habits

c. Fast food

d. No

APPENDIX - VI

Section B – Baseline Variables

Which you think is correct put it in a box **(✓)**

1. Type of cancer **( )**

a. Brest cancer
b. Cervical cancer
c. Lung cancer
d. Brain cancer
e. Esophageal cancer

2. Duration of illness **( )**

a. 1- 5 years
b. 6- 10 years
c. More then 10 years

3. Mode of treatment **( )**

a. Chemo therapy
b. Radiation therapy
c. Surgery

4. Stages of cancer **( )**

a. Stage 0
b. Stage I
c. Stage II
d. Stage III
e. Stage IV

5. Family history of psychiatric illness **( )**

a. Suicide
b. Mental retardation
c. Alcoholism
d. Substance abuse
e. No

APPENDIX – VII

Research tool - English

Hamilton Rating Scale for Depression

IP. No : **Date :**

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1. **Depressed Mood (sad, hopeless, helpless, worthless)** **( )**

   0= absent

   1= indicated only on questioning

   2= spontaneously reported verbally

   3= communicates non verbally (facial expression)

   4= patient reports virtually only this feeling stages in spontaneous verbal and non verbal communication

2. **Feeling of guilt** **( )**

   0 = Absent

   1 = Self reproach, (letting people down)

   2 = Ideas of guilt or rumination over past errors or sinful deeds

   3 = Present illness seen as punishment, Delusions of guilt

   4 = Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.

3. **Suicide (ideation, thoughts, plans, attempts)** **( )**

   Have you any thoughts life is not worth living or you'd be better off dead?

   Have you thoughts of hurting or killing yourself?

   Have you done anything to hurt yourself?

   0 = Absent.

1 = Feels life is not worth living.

2 = Wishes to be dead (or any thoughts of possible death to self).

3 = Suicidal ideas or gestures.

4 = Attempts at suicide (any serious attempt rates 4).

4. Insomnia early ( )

0 = No difficulty falling asleep

1 = complaints of occasional difficulty falling asleep-i.e more than ½ hour

2 = complaints of night difficulty falling asleep

5. Insomnia Middle ( )

0 =No difficulty

1 = patient complains of being restless and disturbed during the night

2 = walking during the night-any getting out of bed rates 2 (except for purposes of voiding)

6. Insomnia Late ( )

0 = No difficulty

1= Walking in early hour of the morning but goes back to sleep

2 = Unable to fall asleep again if he gets out of bed

7. Interest, pleasure, level of activities (work and activities of daily living)

( )

- Are you as productive at work and at home as usual?
- Have you felt interested in doing things that usually interest you?

0 = No difficulty

1=Thoughts and feelings of incapacity, fatigue or weakness related to activities; work or hobbies.

2 = Loss of interest in activities; hobbies or work-either directly reported by patient or

indirectly in listlessness, indecision and vacillation

3 = Decrease in actual time spent in activities or decrease in productivity

4 = Stopped working because of present illness

8. **Retardation: Psychomotor (Slowness of thought and speech; impaired ability to concentrate; decreased motor activity)** **( )**

0 = Normal speech and thought

1 = Slight retardation at interview

2 = Obvious retardation at interview

3 = Interview difficult

4 = Complete stupor

9. **Agitation** **( )**

0 = None

1 = Fidgetiness

2 = Playing with hands, hair, etc

3 = Moving about, cant sit still

4 = hand wringing, nail biting, hair-pulling, biting of lips

10. **Anxiety (Psychological)** **( )**

0=No difficulty

1 = Subjective tension and irritability

2= Worrying about minor matters

3 = apprehensive attitude apparent in face or specih

4 = Fears expressed without questioning

11. Anxiety somatic: Physiological concomitants of anxiety, (i.e., effects of autonomic over activity, "butterflies", indigestion, stomach cramps, belching, diarrhea, palpitations, hyperventilation, paresthesia, sweating, flushing, tremor, headache, urinary frequency). Avoid asking about possible medication side effects (i.e., dry mouth, constipation) ( )

0 = Absent

1 = Mild

2 = Moderate

3 = Severe

4 = Incapacitating

12. Somatic Symptoms (Gastrointestinal) ( )

0 = None

1 = Loss of appetite but eating without encouragement from others. Food intake about

normal

2 = Difficulty eating without urging from others. Marked reduction of appetite and food

intake

13. Somatic symptoms general ( )

0=None

1 = heaviness in limbs, or head. Backaches, headache, muscle aches. Loss of energy and fatigability

2 = Any clear-cut symptoms rates 2

14. Symptoms (Symptoms such as: loss of libido; impaired sexual performance; menstrual disturbances) **( )**

0 = Absent

1 = Mild

3 = Severe

15. Hypochondriasis **( )**

0 = Not present

1 = Self absorption (boldly)

2 = Preoccupation with health

3 = Frequent complaints, requests for help, etc

4 = Hypochondriacal delusions

16. Loss of Weight **( )**

A. When rating by history;

0 = No weight loss

1 = Probably weight loss associated with present illness

2 = Definite (according to patient) weight loss

3 = Not assessed

17. Insight **( )**

0 = Acknowledges being depressed and ill

1 = Acknowledges illness but attributes causes to bad food, climate, overwork, virus, need for rest, etc.

2 = Denies being ill at all

18. Diurnal variation **( )**

A. Note whether symptoms are worse in morning or evening If NO diurnal variation, mark none.

0 = No variation

1 = Worse in A.M

2 = Worse in P.M

B. When present, mark the severity of the variation. Mark "None" if NO variation

0 = None

1 = Mild

2 = Severe

19. Depersonalization and Derealization: (Such as; Feelings of unreality; Nihilistic ideas) ( )

0 = Absent

1 = Mild

2 = Moderate

3 =Severe

4 = Incapacitating

20. Paranoid symptoms **( )**

0 = None

1= Suspicious

2 = Ideas of reference

3 = Delusions of reference and persecution

21. Obessional and Compulsive symptoms **( )**

0 = Absent

1 = Mild

2 = Severe

TOTAL SCORE

:

APPENDIX – VIII

Socio demographic variables-Tamil

சமூகக் குடியியல் விபரம்

சரியான பதிலை தேர்ந்தெடுத்து கட்டத்திற்குள் குறிப்பிடவும்.

உள்நோயாளி எண்: **பெயர்:**

1. வயது ( )
   a) 20-30
   b) 31-40
   c) 41-50
   d) 51-60
2. பாலினம் ( )
   a) ஆண்
   b) பெண்
3. மதம் ( )
   a) இந்து
   b) கிறிஸ்தவர்
   c) முஸ்லீம்
   d) சமணம்
4. இருப்பிடம் ( )
   a) கிராமம்
   b) நகரம்
   c) வளரும் நகரம்
5. கல்வி தகுதி ( )
   a) படிக்காதவர்
   b) ஆரம்பகல்வி
   c) உயர்நிலைக்கல்வி
   d) மேல்நிலைக்கல்வி
   e) பட்டப்படிப்பு / அதற்கும் மேல்

6. தொழில் ( )

a) அரசுஊழியர்

b) தனியார்தொழில்

c) சுயதொழில்

d) தினக்கூலி

e) குடும்பநிர்வாகி

7. குடும்பநிர்வாகம் ( )

a) 3000-க்கும் கீழ்

b) 3001-5000

c) 5001-7000

d) 7001- க்கும் மேல்

8. திருமணம் ( )

a) திருமணம் ஆனவர்

b) திருமணம் ஆகாதவர்

c) துணையை இழந்தவர்

d) பிரிந்து வாழ்பவர்

9. குடும்ப வகை ( )

a) தனிக்குடும்பம்

b) கூட்டுக்குடும்பம்

c) விரிவாக்கப்பட்ட குடும்பம்

10. பழக்கவழக்கம் ( )

a) மது அருந்தும் பழக்கம்

b) புகை பிடிக்கும் பழக்கம்

c) பாட்டிலில் பதப்படுத்திய உணவு அருந்தும் பழக்கம்

d) துரித உணவு உண்ணும் பழக்கம்

APPENDIX - IX

Baseline variables-Tamil

பகுதி - II

சமூகக் குடியியல் அடிப்படை விபரம்

சரியான பதிலை தேர்ந்தெடுத்து கட்டத்திற்குள் குறிப்பிடவும்.

1. புற்று நாய் வகைகள் ( )
    a) மார்பக புற்றுநோய்
    b) கர்ப்பப்பை வாய் புற்றுநோய்
    c) நுரையீரல் புற்றுநோய்
    d) மூளை புற்றுநோய்
    e) உணவுக்குழாய் புற்றுநோய்
2. நோய் காலம் ( )
    a) 1-5 வருடங்கள்
    b) 6-10 வருடங்கள்
    c) 10 வருடங்களுக்கு மேல்
3. சிகிச்சை முறை ( )
    a) கீமோதெரபி
    b) கதிர்வீச்சு சிகிச்சை
    c) அறுவை சிகிச்சை
4. புற்று நாய் வகைகள் ( )
    a. நிலை 0
    b. நிலை I
    c. நிலை II
    d. நிலை III
    e. நிலை IV
5. குடும்பம் சார்ந்த மனநோய் ( )
    a) தற்கொலை
    b) மனவளர்ச்சி குன்றியோர்
    c) குடிப்பழக்கம்
    d) போதைப்பழக்கம்

APPENDIX - X

Research tool-Tamil

இணைப்பு பகுதி - III

ஆராய்ச்சி கருவி - தமிழ்

ஹேமில்டன் மனசோர்வு அளவுகோல்

மனச்சோர்வு சம்மந்தப்பட்ட பொதுவான கேள்விகள் கீழே கேட்கப்பட்டுள்ளது. அதனை கவனமாக படித்து பொருத்தமானவற்றை குறியிடவும்.( )

பெயர் வயது பாலினம் தேதி

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1. மனச்சோர்வு மனோநிலை (வருத்தம், நம்பிக்கையின்மை, உதவியின்மை, தகுதியின்மை) ( )

a) இல்லை

b) கேள்வி கேட்கும்பொழுது மட்டும்

c) தானாகவே வாய் வார்த்தையில் வெளிப்படுத்துதல்

d) வாய் வார்த்தை அல்லாமல் தெரிவித்தல் (முகபாவனை, உடல் தோரனை,

குரல், அழும் மனப்போக்கு)

e) நோயாளி உண்மையாகவே வாய்வார்த்தை மற்றும் வாய்வார்த்தை அல்லாமல் உடல்பாவம் மூலம் தெரிவித்தல்.

2. குற்ற உணர்வு ( )

a) இல்லை

b) சுயநிந்தை (நோயாளிகளின் மனச்சோர்வு அடையச்செய்யவும்)

c) முன்னர் செய்த தவறுகள் அல்லது பாவச்செயல்களை எண்ணி குற்ற உணர்வோ அல்லது திரும்ப அசை போட்டதுண்டா?

d) தற்போதைய நோயை தண்டனையாக எண்ணி குற்றஉணர்வு கொண்டதுண்டா?

e) குற்றஞ்சாட்டக்கூடிய அல்லது கண்டனம் தெரிவிக்கக்கூடிய குரல்களைகேட்டுதண்டா மற்றும் பயமுறுத்தக்கூடிய உருவங்களை பார்த்ததுண்டா?

3. தற்கொலை ( )

ஆர்வம், மகிழ்ச்சி, செயல்பாட்டுதிறன் (வேலை மற்றும் தன்னைத்தானே கவனித்துக்ககொள்ளல்)

a) இல்லை

b) வாழ்க்கை ஒன்றும் விலைமதிப்பிட முடியாத ஒன்றல்ல என்று எண்ணியதுண்டா?

c) இறக்க விருப்பப்பட்டதுண்டா? (அல்லது தானே இறக்கும் சாத்தியக்கூறுகள் பற்றிய எண்ணம் கொண்டதுண்டா?

d) துற்கொலை எண்ணம் அல்லது சைகை முன்பைவிட இப்பொழுது குறைவான நேரம் வேலை செய்கின்றீர்களா?

e) தற்கொலை முயற்சி (ஏதாவதொரு தீவிர முயற்சிக்கு நான்கு மதிப்பீடு)

4. தூக்கமின்மை - முன் இரவு ( )

a) தூங்க தொடங்குவதில் எந்த சிரமுமில்லை

b) ஒரு சில நேரங்களில் தூங்க தொடங்குவதில் சிரமமுண்டு (அதாவது ½ மணி நேரத்திற்கும் மேல்)

c) இரவில் தூங்க தொடங்குவதில் சிரமம்

5. தூக்கமின்மை - நடுஇரவு ( )

a) எந்த சிரமுமில்லை

b) அமைதியற்ற இடையூறுகள் நிறைந்த தூக்கமாக இருத்தல்

c) இரவில் தூக்கத்தில் எழுதல் - இரவில் தூக்கத்தில் எழுதலுக்கு 2 மதிப்பீடு (சிறுநீர் கழிக்கும்பொருட்டு தவிர)

6. தூக்கமின்மை - பின்இரவு ( )

a) எந்த சிரமுமில்லை

b) அதிகாலையில் எழுந்து ஆனால் மறுபடியும் தூங்குதல்

c) ஒருமுறை தூக்கத்தில் எழுந்தபிறகு, மறுபடியும் தூங்க இயலாமை

7. வேலை மற்றும் செயல்பாட்டுத்திறன் ( )

a) எந்த கஷ்டமுமில்லை

b) உடல் சோர்வு, உடல்தளர்வு, மனவலிமையின்மை (செயல்பாட்டுத்திறன்), வேலை அல்லது பொழுதுபோக்கு தொடர்பாக.

c) செயல்பாட்டில் விருப்பமில்லாமல் இருத்தல் (நேரடியாகவோ அல்லது மாற்று வழியாகவோ தெரிவித்தல் - சிரத்தையில்லாமல், முடிவெடுக்க முடியாமல் மற்றும் நிர்ணயமற்ற மனநிலையில் இருத்தல்)

d) செழுமையாக செயல்பட முன்பைவிட இப்பொழுது குறைவாக நேரம் செலவழிக்கின்றீர்களா?

e) தற்போதைய உடல்நிலையின் காரணமாக வேலை செய்வதை நிறுத்திவிட்டீர்களா?

8. ஒடுக்கம்: உளவியல் தசை இயக்கம்(சிந்தித்தல் மற்றும் பேச்சில் தொய்வு, கவனமின்மை, தசை இயக்க செயல்பாடு குறைவு) ( )

a) சாதாரணமாக பேச்சு மற்றும் சிந்தனை

b) நேர்காணலில் சிறிய குறைபாடு

c) நேர்காணலில் பெரிய குறைபாடு

d) நேர்காணலில் கடினம்

e) முழுமையான உளவியல் தசைஇயக்க செயல்பாடின்மை

9. போராட்டம் ( )

a) இல்லை

b) அமைதியின்மை

c) கைகள் மற்றும் முடிவில் விளையாடுதல்

d) ஒரு இடத்தில் முழுமையாக உட்கார முடியாமல் இருத்தல்

e) கைகளை பிசைதல், நகம் கடித்தல், முடியை பிய்த்தல், உதட்டை கடித்தல்

10. பயம் கலந்த பதற்றம் (உளவியல்) ( )

a) ஒரு சிரமமுல்லை

b) நோயாளி இறுக்கம் மற்றும் எரிச்சலாக உணர்தல்

c) சாதாரண விஷயங்களுக்காகக் கூட கவலைபடுதல்

d) பயமான மனநிலை முகம் அல்லது பேச்சில் தெளிவாக வெளிப்படுதல்

e) கேள்வி கேட்கப்படாமலேயே பயத்தை வெளிப்படுத்தல்

11. பயம் கலந்த பதற்றம் (உடல் ரீதியாக) உடல் ரீதியான நிகழ்வுகள் (அதாவது தானியங்கி நரம்பு மண்டல உயர் செயல்பாடு, பட்டாம்பூச்சி பறத்தல் போன்ற உணர்வு, செரிமானமின்மை, வயிற்றுவலி, ஏப்பம் வயிற்றுபோக்கு, படபடப்பு, மூச்சுதிணறல், மறத்துப்போதல், அதிகப்படியான வியர்வை, வெளிரிப்போதல், நடுக்கம், தலைவலி, அடிக்கடி சிறுநீர் கழித்தல்) ( )

a) இல்லை

b) சிறிதளவு

c) ஓரளவு

d) தீவிரமாக

e) மிகதீவிரமாக

12. உடல்ரீதியான அறிகுறிகள் (பொதுவான) ( )

a) இல்லை

b) பசியின்மை, ஆனால் அடுத்தவர் வற்புறுத்தல் இல்லாமல் தேவையான உணவை தானாகவே உட்கொள்ளல்.

c) மற்றவர் வற்புறுத்தல் இல்லாமல் உணவு உண்பதில் சிரமம், குறைந்த பசி மற்றும் உணவு உட்கொள்ளல்.

13. உடல்ரீதியான அறிகுறிகள் (இரைப்பை, குடல்) ( )

a) கை, கால்கள், முதுகு, அல்லது தலைப்பாரம் (முதுகுவலி , தலைவலி, தசைவலி, உடல்வலிமை, இழப்பு,மற்றும் உடல்சோர்வு)

b) ஏதாவதொரு தெளிவான அறிகுறிக்கு இரண்டு மதிப்பீடு

14. பாலின உறுப்புசார்ந்த அறிகுறிகள் (அதாவது உடலுறவில், நாடடமின்மை, உடலுறவு குறைபாடு, மாதவிடாய் கோளாறுகள்) ( )

a) இல்லை

b) சிறிதளவு

c) தீவரமாக

15. குருத்தடியழற்சி அல்லது நோயெண்ணம் ( )

a) இல்லை

b) தன் உட்கவர்ச்சி அல்லது சுய உறிஞ்சுதல்

c) எப்பொழுதும் உடல்நலம் சார்ந்த சிந்தனை

d) அடிக்கடி தொல்லைகள் தெரிவித்தல், உதவியைநாடல் மற்றும்

e) நோய் குறித்த மாயத்தோற்றம்.

16. எடையிழப்பு ( )

அ. நோயாளி வரலாற்றின் அடிப்படையில்

a) எடையிழப்பு இன்மை

b) எடையிழப்பு தற்போதைய நோயுடன் ஒத்துப்போதல்

c) அடிக்கடி தொல்லைகள் தெரிவித்தல், உதவியைநாடல் மற்றும்

d) நோய் குறித்த மாயத்தோற்றம்.

17. நோய்சார்ந்த உள்ளுணர்வு ( )

a) நான் மனச்சோர்வால் பாதிக்கப்பட்டுள்ளதை ஒத்துக்கொள்ளல்

b) நோயை ஒத்துக்கொள்ளல் ஆனால் இது சரியான உணவின்மை, காலநிலை அதிகப்படியான வேலை, வைரஸ் தொற்று, ஓய்வின்மை மற்றும் பலவற்றால் ஏற்பட்டுள்ளது என்று கூறல்.

c) தான் நோயால் பாதிக்கப்பட்டுள்ளதை ஒத்துக்கொள்ள மறுத்தல்

18. நாள் முறை மாற்றம் ( )

அ. அறிகுறிகள் காலை அல்லது மாலையில் அதிகமாக தென்படல்

a) எந்த மாற்றமுமில்லை

b) காலையில் அதிகமாக தென்படல்

c) மாலையில் அதிகமாக தென்படல்

ஆ. அறிகுறிகள் இருந்தால், தீவிரத்தை தெரிவு செய்தல் ( )

a) இல்லை

b) சிறிதளவு

c) தீவிரமாக

19. ஆளுமை அழிப்பு மற்றும் உண்மையை உணராமல் இருத்தல் (அதாவது உண்மையை உணரமுடியாத மனோநிலை, எதிர்மறுப்பு வாதம்) ( )

a) இல்லை

b) சிறிதளவு

c) ஓரளவு

d) தீவிரமாக

e) மிகத்தீவிரமாக

20. சித்த பிரமை ( )

a) இல்லை

b) நம்பிக்கையில்லாத

c) தன்னை பற்றி பிறர் பேசுவதான எண்ணம்

d) தன்னைப்பற்றி பிறர் பேசுவது போன்ற மாயத்தோற்றம் மற்றும் சந்தேகம்

21. எண்ணப்பிடிப்பு மற்றும் வலுக்கட்டாயம் வாய்ந்த அறிகுறிகள் ( )

a) இல்லை

b) ஓரளவு

c) தீவிரமாக

மதிப்பீட்டு விபரம்

0-7 - சாதாரணம்

8-13 - கடுமையில்லாத மனசோர்வு

14-18 - மிதமான சோர்வு

19-22 - தீவிரமான மனசோர்வு

23 - மிகதீவிரமான சோர்வு

மொத்த மதிப்பீடு

APPENDIX – XI

ENGLISH EDITING CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation **"ASSESS THE EFFECTIVENESS OF SELF AFFIRMATION TECHNIQUE ON DEPRESSION AMONG CANCER PATIENTS IN ONCOLOGY WARD AT GRH MADURAI"** done by Venkatesan. P , II year M.Sc.(N) Student, College of Nursing, Madurai Medical College, Madurai, has been edited for English language appropriate

G. Karthigai Selvi

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Designation: Assistant Professor

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Dr G KARTHIGAISELVI
Assistant Professor of English
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Pasumalai
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APPENDIX – XII

TAMIL EDITING CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation **"ASSESS THE EFFECTIVENESS OF SELF AFFIRMATION TECHNIQUE ON DEPRESSION AMONG CANCER PATIENTS IN ONCOLOGY WARD AT GRH MADURAI"** done by Venkatesan. P , II year M.Sc.(N) Student, College of Nursing, Madurai Medical College, Madurai, has been edited for Tamil language appropriate

SIGNATURE OF THE EXPERT

Name:

Designation:

Institution:

முனைவர். தி.[illegible] M.A., M.Phil., Ph.D.,
உதவி பேராசிரியர்
தமிழ்த்துறை (பகுதி)
மன்னர் திருமலை நாயக்கர் கல்லூரி (தன்னாட்சி)
பசுமலை, மதுரை-625 004

Date : 30.7.2018

APPENDIX - XIII

Intervention – Self affirmation technique in English

INTRODUCTION

Self-affirmation is a process by which one engages in a positive reflection on a valued self-domain, including reflection on personal traits, the self-concept and values. Self-affirmation theory posits that self-affirmation can be used to enhance the integrity of the self and buffer negative feelings in the face of a threat to one's self concept. Consistent with this hypothesis, found that in cancer patients, self-affirmation (but not discovery of meaning) during expressive writing was associated with improvement in physical symptoms over three months and with lower state distress immediately following the writing sessions. Moreover, Sherman, Bunyan, Creswell, and Jaremka (2009) found that college students with an upcoming midterm exam who were assigned to a self-affirmation expressive writing condition had less sympathetic nervous system activation during the exam than those assigned to a control writing condition.

TOPIC	**: SELF AFFIRMATION TECHNIQUE**
GROUP	**: CANCER PATIENTS**
PLACE	**: ONCOLOGY WARD AT GRH, MARURAI.**
DURATION	**: 15-20 MINUTES**
MEDIUM OF INSTRUCTION	**: TAMIL**
METHOD OF TEACHING	**: LECTURE CUM DISCUSSION**

CENTRAL OBJECTIVE:

The cancer patients are able to acquire knowledge regarding self affirmation techniques, and to develop knowledge and skills and apply this gained knowledge into their daily life.

SPECIFIC OBJECTIVES:

The clients will able to:

1. define the self affirmation techniques.
2. list out the steps of self affirmation technique
3. point out the indications for self affirmation
4. mention the advantages of self affirmation
5. state the role of cancer patients in self affirmation technique

S. NO	TIME	CONTRIBUTORY OBJECTIVES	CONTENT	RESEARCHER ACTIVITY	CANCER PATIENTS ACTIVITY	EVALUATION
1.	5 min..	Define the self affirmation	**Definition** Self Affirmations are positive statements that can helps to challenge and overcome self-sabotaging and negative thoughts, when repeat the statements in often and believe it can helps to make positive changes	` Explaining	Listening asking doubts	What is affirmation ?
2	10 min	List out the steps of self affirmation technique	**steps of self affirmation technique** 1. I love myself unconditionally. 2. I am STRONG! 3. I allow only healthy and loving relationships into my life. 4. Life wants the best for me. I am OK with where I am right now.			

S. NO	TIME	CONTRIBUTORY OBJECTIVES	CONTENT	RESEARCHER ACTIVITY	CANCER PATIENTS ACTIVITY	EVALUATION
2	10 min	List out the steps of self affirmation technique	5. I am connected and comfortable in all environments, with all people. 6. I find and enjoy the simple pleasures life is offering right now. 7. How I feel matters, therefore I concentrate on aspects of life that make me feel good! 8. My challenges bring me better opportunities. 9. My mood creates a physiological response in my body. I am peaceful and positive! 10. I am in control of my thoughts and my life. 11. I love myself and who I am.	Explaining	Listening asking doubts	What is challenges ?

S. NO	TIME	CONTRIBUTORY OBJECTIVES	CONTENT	RESEARCHER ACTIVITY	CANCER PATIENTS ACTIVITY	EVALUATION
3	5 mint	Point out the indications for self affirmation	**INDICATIONS** ❖ Stress ❖ Anxiety ❖ Depression ❖ Suicidal client ❖ Low IQ level ❖ Poor work performer \	Explaining	Listening asking doubts	What is stress?
4 .	3 mint	Mention the advantages of self affirmation	**ADVANTAGES OF SELF AFFIRMATION** ❖ Self confident ❖ Patients feel better ❖ Relief stress ❖ Reduce depression ❖ Reduce anxiety ❖ Remove suicidal thought ❖ Improve the work performance	Explaining	Listening asking doubts	What is confident ?

S. NO	TIME	CONTRIBUTORY OBJECTIVES	CONTENT	RESEARCHER ACTIVITY	CANCER PATIENTS ACTIVITY	EVALUATION
6.	5 mint	State the role of cancer patients in self affirmation technique	**ROLE OF CANCER PATIENTS IN SELF AFFIRMATION TECHNIQUE** 1. Cancer patients cooperate with the researcher. 2. They will understand their own depression level. 3. Cancer patients understand the benefits of self affirmation technique . 4. They should follow the self affirmation technique in proper way. 5. Work closely with researcher. 6. Cancer patients to know how to reduce the depression level. 7. Cancer patients sharing the information with other participants. 8. They should have self motivation and self interest. 9. Clarify the doubts with the researcher. **10.** Cancer patients identify the different between the pre and post intervention.	Explaining	Listening asking doubts	What is motivation ?

Summary:

It's important to be aware of the positive feelings you get from self affirmation technique, definition techniques, how to practice self affirmation technique, indication, advantages of self affirmation technique.

Conclusion:

Today we have discussed about what is self affirmation technique this will help us to understand our emotion and manage our emotion.

Net reference

http://www.google.com

http://www.wikipedia.com

http://www.mindmovies.com

https://www.powerofpositivity.com

APPENDIX - XIV

Intervention – Self affirmation technique in Tamil

சுய உறுதிபடுத்துதல் - தமிழ்

முன்னுரை

சுய உறுதிபடுத்துதல் ஒரு செயல்முறை ஆகும், இதன் மூலம் ஒரு மதிப்புள்ள சுய-களத்தில், நேர்மறையான பிரதிபலிப்பில் ஈடுபடுவது, தனிப்பட்ட குணநலன்களின் பிரதிபலிப்பு, சுய கருத்து மற்றும் மதிப்புகள் ஆகியவையும் அடங்கும். சுய உறுதிபடுத்துதல் கோட்பாடு, சுய உறுதிப்பாடு, ஒரு சுய கருத்துருவின் அச்சுறுத்தல் மற்றும் தங்கள் எதிர்மறை உணர்வுகளை ஒருமைப்பாட்டை அதிகரிக்க பயன்படுகிறது என்று கூறுகிறது. இந்த கருதுகோளுடன் தொடர்புடையதாக, பின் வருவது கருதப்படுகிறது புற்றுநோயாளிகளில், வெளிப்படையான எழுத்துக்களில் சுய உறுதிபடுத்துதல் என்பது மூன்று மாதங்களுக்கு மேல் உடல் ரீதியான அறிகுறிகளில் முன்னேற்றம் ஏற்படுத்தும்.

தலைப்பு	:	சுய உறுதிபடுத்துதல்
குழு	:	புற்றுநோய் நோயாளிகள்
இடம்	:	புற்றுநோயியல் வார்டு
நேரம்	:	**8.00 முற்பகல் முதல் 3.00 பிற்பகல்**
பயிற்றுவிக்கும் மொழி	:	தமிழ்
கற்பிக்கும் முறை	:	விரிவுரை மற்றும் கலந்துரையாடல்

மைய நோக்கம்

புற்றுநோய் நோயாளி சுய உறுதிபடுத்துதல் பற்றிய அறிவைப் பெற்றுக் கொள்ள முடியும், அறிவையும் திறமையையும் வளர்த்து, அன்றாட வாழ்வில் இந்த அறிவைப் பயன்படுத்த உதவுதல்.

குறிப்பிட்ட நோக்கங்கள்:

நோயாளிகள்

1. சுய உறுதிபடுத்துதல் வரையறுத்தல்.
2. சுய உறுதிபடுத்துதல் நுட்பத்தின் படிகளை பட்டியலிடுதல்.
3. சுய உறுதிப்படுத்தலுக்கான காரணங்கள்
4. சுய உறுதிப்படுத்தலின் நன்மைகள்
5. சுய உறுதிபடுத்துதலில் புற்று நோயாளிகளின் பங்கு

வரிசை எண்	நேரம்	படைப்பு நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்பாடு	புற்றுநோய் நோயாளிகளின் செயல்பாடு	மதிப்பீடுதல்
1.	2 நிமிடங்கள்	சுய உறுதிபடுத்துதல் வரையறுக்கவும்	வரையறை சுய உறுதிபடுத்துதல் சுய விழிப்புணர்வு மற்றும் எதிர் மறையான எண்ணங்களை சவால் செய்யவும், சமாளிக்கவும் உதவுகின்றன. பெரும்பாலும் அறிக்கைகள் சுய உறுதிபடுத்துதல் நிகழும் போது, அது நேர்மறையான மாற்றங்களை செய்ய உதவுகிறது	` விளக்கி கற்பித்தல்	சந்தேகங்களைக் கேட்பது	உறுதி என்றால் என்ன?
2	5 நிமிடங்கள்	சுய உறுதிபடுத்துதல் நுட்பத்தின் படிகளை பட்டியலிடுதல்	சுய உறுதிபடுத்துதல் நுட்பத்தின் படிகள் மன சோர்வு சிகிச்சை சுய உறுதிப்பாட்டு முறைகள். 1. நான் நிபந்தனையின்றி என்னை நேசிக்கிறேன்.			

வரிசை எண்	நேரம்	படைப்பு நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்பாடு	புற்றுநோய் நோயாளிகளின் செயல்பாடு	மதிப்பீடுதல்
2		சுய உறுதிபடுத்துதல் நுட்பத்தின் படிகளை பட்டியலிடுதல்	2. நான் வலுவாக இருக்கிறேன்! 3. நான் என் வாழ்க்கையில் ஆரோக்கியமான மற்றும் அன்பான உறவுகளை மட்டும் அனுமதிக்கிறேன். 4. வாழ்க்கை எனக்கு சிறந்ததை அளிக்கிறது. நான் இப்போது நன்றாகவே இருக்கிறேன் என்பது சரிதான். 5. அனைத்து சூழல்களிலும் நான் இணைக்கப்பட்டுள்ளேன். 6. நான் கண்டுபிடித்த எளிய வாழ்க்கை எனக்கு இப்போது இன்பம் வழங்கி வருகிறது	விளக்கி கற்பித்தல்	சந்தேகங்களைக் கேட்பது	சவால்கள் என்றால் என்ன?

வரிசை எண்	நேரம்	படைப்பு நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்பாடு	புற்றுநோய் நோயாளிகளின் செயல்பாடு	மதிப்பீடுதல்
2	5 நிமிடங்கள்	சுய உறுதிபடுத்துதல் நுட்பத்தின் படிகளை பட்டியலிடுதல்	7. நான் நடைமுறை வாழ்க்கையை உணர்கிறேன், ஆகையால், வாழ்க்கையின் சிறப்பு அம்சங்களில் கவனம் செலுத்துகிறேன். 8. என் சவால்கள் எனக்கு சிறந்த வாய்ப்புகளைத் தருகின்றன. 9. என் மனநிலை என் உடலில் ஒரு உடலியல் ஒரு உத்வேகத்தை உருவாக்குகிறது. நான் அமைதியாகவும் நேர்மையாகவும் இருக்கிறேன்! 10. நான் என் எண்ணங்களையும் என் வாழ்வையும் கட்டுக்குள்	விளக்கி கற்பித்தல்	சந்தேகங்களைக் கேட்பது	

வரிசை எண்	நேரம்	படைப்பு நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்பாடு	புற்றுநோய் நோயாளிகளின் செயல்பாடு	மதிப்பீடுதல்
3	3 நிமிடங்கள்	சுய உறுதிப்படுத்துதலுக்கான காரணங்கள்	வைத்திருக்கிறேன். 11. நான் என்னை நேசிக்கிறேன், நான் யார் என்று. சுய உறுதிப்படுத்துதலுக்கான காரணங்கள் ✶ மன அழுத்தம் ✶ கவலை ✶ மனச்சோர்வு ✶ தற்கொலை எண்ணம் ✶ அறிவுத்திறன் குறைபாடு ✶ ஏழை வேலை செய்பவர்	விளக்கி கற்பித்தல்	சந்தேகங்களைக் கேட்பது	மன அழுத்தம் என்றால் என்ன?

வரிசை எண்	நேரம்	படைப்பு நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்பாடு	புற்றுநோய் நோயாளிகளின் செயல்பாடு	மதிப்பீடுதல்
4	2 நிமிடங்கள்	சுய உறுதிப்படுத்துதலின் நன்மைகள்	சுய உறுதிப்படுத்துதலின் நன்மைகள் ✶ தன்னம்பிக்கை ஏற்படும் ✶ நோயாளிகள் மன அமைதி பெறுகிறார்கள் ✶ மன அழுத்தத்தை குறைக்க உதவுகிறது. ✶ கவலை குறைக்க முடிகிறது. ✶ தற்கொலை எண்ணங்களை அகற்றுகிறது. ✶ வேலை செயல்திறனை மேம்படுத்த உதவுகிறது.	விளக்கி கற்பித்தல்	சந்தேகங்களைக் கேட்பது	தன்னம்பிக்கைஎன்றால் என்ன?

வரிசை எண்	நேரம்	படைப்பு நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்பாடு	புற்றுநோய் நோயாளிகளின் செயல்பாடு	மதிப்பீடுதல்
5	5 நிமிடங்கள்	சுய உறுதிபடுத்துதலில் புற்று நோயாளிகளின் பங்கு	சுய உறுதிபடுத்துதலில் புற்று நோயாளிகளின் பங்கு 1. புற்று நோயாளிகள் ஆராய்ச்சியாளருக்கு ஒத்துழைக்கிறார்கள். 2. அவர்கள் தங்களுக்குள்ள மன அழுத்தத்தை தெரிந்துகொள்கிறார்கள். 3. அவர்கள் சுய உறுதிப்படுத்தல் நுட்பத்தின் நன்மைகளைப் புரிந்துகொள்கிறார்கள். 4. அவர்கள் சுய உறுதிப்படுத்தல் நுட்பத்தை சரியான வழியில் பின்பற்ற வேண்டும்.	விளக்கி கற்பித்தல்	சந்தேகங்களைக் கேட்பது	ஊக்குவிப்பு என்றால் என்ன?

வரிசை எண்	நேரம்	படைப்பு நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சியாளர் செயல்பாடு	புற்றுநோய் நோயாளிகளின் செயல்பாடு	மதிப்பீடுதல்
		சுய உறுதி படுத்துதலில் புற்று நோயாளிகளின் பங்கு	5. ஆராய்ச்சியாளருடன் நெருக்கமாகப் பணியாற்ற வேண்டும். 6. மன தளர்ச்சி நோயாளிகளை மன அழுத்தத்தை குறைக்க அறிந்து கொள்ள வேண்டும். 7. புற்று நோயாளிகள் பிற பங்கேற்பாளர்களுடன் தகவல்களைப் பகிர்ந்துகொள்ள வேண்டும். 8. புற்று நோயாளிகள் சுய ஊக்குவிப்பு மற்றும் சுய ஆர்வத்துடன் இருக்க வேண்டும். 9. ஆராய்ச்சியாளரிடம் சந்தேகங்களைத் தெளிவுபடுத்தி கொள்ள வேண்டும்.	விளக்கி கற்பித்தல்	சந்தேகங்களைக் கேட்பது	

சுருக்கவுரை

புற்று நோயாளிகளுக்கான சுய உறுதிப்படுத்தல் நுட்பம், வரையறை நுட்பங்கள், சுய உறுதிப்படுத்தல் நுட்பம், அறிகுறிகள், சுய உறுதிப்படுத்தல் நுட்பங்களைப் பயன்படுத்துவது ஆகியவற்றில் இருந்து பயிற்சியில் பங்கேற்ற புற்று நோயாளிகளிடம் இருந்து பெறப்படும் நேர்மறையான உணர்ச்சிகளைப் பற்றி பயிற்சியாளர் தெரிந்துகொள்ள வேண்டியது அவசியம்

APPENDIX – XV

Photographs